Schedule E)	PAGE 1 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	M M / D D / Y Y Y Y
Check if 24-hour report 48-hour report New report Amends report	
Full Name of Payee Toni A Persinger-Buckler	Date of Public Distribution/Dissemination
	09 10 Y Y Y Y Y
Mailing Address 5330 Nestleway Dr	Amount
City State Zip Code	42.50
Clemmons NC 27012	Transaction ID: 4b597ae3-9413-46c1-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
	Disbursement For:  Primary
Full Name of Payee Toni A Persinger-Buckler	Date of Public Distribution/Dissemination
	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5330 Nestleway Dr	Amount
City State Zip Code	12.60
Clemmons NC 27012	Transaction ID: 79e39fb3-8f3a-4bcf-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	09 10 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 296206.99	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	55.10
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>&gt;</b>
(c) TOTAL Independent Expenditures	<b>•</b>
Under penalty of perjury I certify that the independent expenditures reported herein were r with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	·
Ms. Emily Buchanan  [Electronically Filed] Date	09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)	DEIVI EXI EIVD	HONES	PAGE 2 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	rt filed on
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination
Mailing Address 5510 Dogwood Dr			09 10 2014
5 3510 Bagwada Bi			Amount
City	State	Zip Code	25.00
Winston Salem	NC	27105	Transaction ID: 22f1d5ad-3ee8-4b49-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 10 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		296206.99	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
James Kindstedt			09 10 2014
Mailing Address 5510 Dogwood Dr			Amount
City	State	Zip Code	9.42
Winston Salem	NC	27105	Transaction ID: f79eca86-78c0-4872-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 10 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		296206.99	Disbursement For:  Primary  General  2014  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		34.42
(b) SUBTOTAL of Unitemized Independent Ex	nandituras		
(b) SOBTOTAL OF STREETINGS INDEPENDENT LA	portantaros		
(c) TOTAL Independent Expenditures			<b>•</b>
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>9</b>			

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 3 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee  Joanna Kindstedt			Date of Public Distribution/Dissemination
Mailing Address 2134 Tobaccoville Rd			09 10 2014 Amount
City Rural Hall	State NC	Zip Code 27045	25.00  Transaction ID: ee2d9451-848b-4ee5-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation  09 10 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	296206.99	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Sue G Walker			Date of Public Distribution/Dissemination
Mailing Address 3 Girard			09 10 2014 Amount
City	State	Zip Code	40.00
Fort Smith	AR	72901	Transaction ID : 7506af62-3eed-4796-8  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 10 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		86346.26	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		65.00
(b) SUBTOTAL of Unitemized Independent Exp	enditures		. •
(c) TOTAL Independent Expenditures			
(-, 1-1112 maspendom Experiation			· · · · · · · · · · · · · · · · · · ·
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electro	nically Filed] Date	09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

Schedule E)	I EXI END	ITOTILO		PAGE 4 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	/ / D = D / Y = Y = Y
Full Name of Payee			Date of F	Public Distribution/Dissemination
Sue G Walker			M 09	
Mailing Address 3 Girard			Amount	
City	State	Zip Code		5.10
Fort Smith	AR	72901		ion ID : f2251b76-1b3f-43d1-a Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 1 7	86346.26	Disbursement For 2014 Other	or:
Full Name of Payee			Date of F	Public Distribution/Dissemination
Casey Stockton			M 09	
Mailing Address 105 South Dale St			Amount	
City	State	Zip Code		45.00
Spruce Pine	NC	28777		on ID : ca3a3b27-281a-4308-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 09	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	296206.99	Disbursement For 2014 Othe	or:
(a) SUBTOTAL of Itemized Independent Expenditure	es			50.10
				-y- 1 -y- 1 -y- 1
(b) SUBTOTAL of Unitemized Independent Expendi	tures		• •	7
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		12 / 2014
Signaturo				

Schedule E)	LIVI EXI EIVE	TI OTILO	PAGE 5 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Casey Stockton			09 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 105 South Dale St			Amount
City	State	Zip Code	17.10
Spruce Pine	NC	28777	Transaction ID: 92434b23-bac8-44aa-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 10 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		296206.99	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Mary Johnson			09 10 2014
Mailing Address 105 South Dale St			Amount
City	State	Zip Code	45.00
Spruce Pine	NC	28777	Transaction ID : 56eab971-4fd5-4f58-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 10 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		296206.99	Disbursement For:  Primary  General
(a) SUBTOTAL of Itemized Independent Expend	itures		62.10
			77
(b) SUBTOTAL of Unitemized Independent Expe	nditures		<b>•</b>
(c) TOTAL Independent Expenditures			<b>•</b>
	didate or authorize		not made in cooperation, consultation, or concert feither, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

Full Name of Payee Aaron W Heien  Mailing Address 1730 Sweetspire dr	MBER ▼
Check if 24-hour report	
Check if 24-hour report	V V
Aaron W Heien  Mailing Address 1730 Sweetspire dr	
Mailing Address 1730 Sweetspire dr	nination
Mailing Address 1730 Sweetspire dr	014
Amount	
City State Zip Code	90.00
Conway AR 72032 Transaction ID : 3704873c-623a-Date of Disbursement or Obligation	
Purpose of Expenditure Category/ Cat	2014
Name of Federal Candidate Support Office Sought: House District	:00
Mr. Mark L Pryor	: _AR
Calendar Year-To-Date Per Election for Office Sought  Background Season	General
Full Name of Payee Date of Public Distribution/Dissert	nination
	2014
Mailing Address 1730 Sweetspire dr  Amount	
City State Zip Code	54.60
Conway AR 72032 Transaction ID : bef5baea-a16e-4 Date of Disbursement or Obligati	
Purpose of Expenditure Category/ Cat	2014
Name of Federal Candidate Support Office Sought: House District	t: <u>00</u>
Mr. Mark L Pryor	e:AR
Calendar Year-To-Date Per Election for Office Sought  B6346.26  Disbursement For: □ Primary ≥ 2014 □ Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditures	4.60
(a) GOBTOTAL OF ICHTIZED INDEPENDENT EXPENDITURES	4.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7
(c) TOTAL Independent Expenditures	-
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date 09 12 2014  Signature	

Schedule E)	LIVI EXI END	HOHLO		PAGE 7 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	000530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee William M Goldsmith			M = M /	Distribution/Dissemination
Mailing Address 211 Pearl St			09 Amount	10 2014
		7: 0 !		25.00
City Drexel	State NC	Zip Code 28619		25.00 D: 5b26bc63-e736-4449-b sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 /	10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	.,,	296206.99	Disbursement For: [2014 Other (spe	Primary
Full Name of Payee William M Goldsmith			M = M /	Distribution/Dissemination
Mailing Address 211 Pearl St			Amount	10 2014
City	State	Zip Code		13.86
Drexel	NC	28619		: c490ae55-e311-40e2-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	10 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		296206.99	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expen	ditures		<b>•</b>	38.86
(b) SUBTOTAL of Unitemized Independent Exp	enditures		<b>•</b>	
				4
(c) TOTAL Independent Expenditures			<b>)</b>	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 12	2014
Signaturo				

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	G cocssories
Check if 24-hour report X 48-hour report New report Amends report filed	on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Loretta D Nelsen	09 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5453 Wyandotte Dr	Amount
City State Zip Code	23.30
Hope Mills NC 28348	Transaction ID: 2ff680a1-5f9b-4d2b-a Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	09 / 10 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbut 296206.99	ursement For: Primary X General  Other (specify) ▶
Full Name of Payee  Loretta D Nelsen	Date of Public Distribution/Dissemination
	09 10 2014
Mailing Address 5453 Wyandotte Dr	Amount
City State Zip Code	2.70
Hope Mills NC 28348	Transaction ID: 84b5266f-b158-445c-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  O02	09 / D D / Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought  Disbut 296206.99	ursement For: Primary X General Other (specify) ▶
(a) CURTOTAL of Hamilton Indonesia of Indonesia of Indonesia Company (in the continuous	
(a) SUBTOTAL of Itemized Independent Expenditures	26.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
Ms. Emily Buchanan [Electronically Filed] Date 0	9 12 2014
Signature	

Schedule E)	INT EXICID	ITORES	PAC FOR	GE 9 OF 78 R SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENT	IFICATION NUMBER ▼
Women Speak Out PAC			C C005	530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	t filed on	D / Y = Y = Y
Full Name of Payee Lucas H Hoyle			M = M / D	tribution/Dissemination
Mailing Address 282 Falls Ave			Amount	10 2014
City	State	Zip Code		30.00
Granite Falls	NC	28630	Transaction ID : 5 Date of Disbursem	206b3f3-7f4f-4dce-a
Purpose of Expenditure Salary		Category/ Type 001		10 / 2014
Name of Federal Candidate		Support	Office Sought:	ouse District: 00
Ms. Kay Hagan		X Oppose		enate State: NC
Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	296206.99	Disbursement For: 2014 Other (specify	Primary
Full Name of Payee Lucas H Hoyle			M = M / D	stribution/Dissemination
Mailing Address 282 Falls Ave			09 Amount	10 2014
City	State	Zip Code		16.50
Granite Falls	NC	28630	Transaction ID : d1  Date of Disbursen	16081f5-1caf-4a10-a
Purpose of Expenditure Mileage		Category/ Type 002	M M / D	10 / 2014
Name of Federal Candidate		Support	Office Sought:	ouse District: 00
Ms. Kay Hagan		Oppose	President X S	
Calendar Year-To-Date Per Election for Office Sought	-, -,	296206.99	Disbursement For: 2014 Other (specify	Primary X General
(a) SUBTOTAL of Itemized Independent Expendit	ures		<b>.</b>	46.50
(b) SUBTOTAL of Unitemized Independent Exper	ditures		<b>•</b>	
(c) TOTAL Independent Expenditures				4
C,			P	4
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or in	idate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M / D D / 12	2014
Signature				

Schedule E)	LIVI EXI END	ITORES	PAGE 10 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	ort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Regina R Mouton			09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5827 Brighton PI			Amount
City	State	Zip Code	30.00
New Orleans	LA	70131	Transaction ID : 8b8f7e8e-215b-4cde-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 10 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	,,,,,	114478.53	Disbursement For:  Primary  General  Q014  Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Regina R Mouton			09 10 7 2014
Mailing Address 5827 Brighton PI			Amount
City	State	Zip Code	12.00
New Orleans	LA	70131	Transaction ID: 9933c16d-40f7-460f-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 10 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	114478.53	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		42.00
, ,			7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	enditures		•
(c) TOTAL Independent Expenditures			·
	didate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

Sched	lule E)	1 EM E	101120		PAGE 11 OF 78 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wom	nen Speak Out PAC				C C00530766
Check if	f 24-hour report X 48-hour report	New repo	ort Amends re	eport filed c	on M = M / D = D / Y = Y = Y
	Name of Payee				Date of Public Distribution/Dissemination
	manda Boley				09 / 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mail	ling Address Split Oak Drive				Amount
City		State	Zip Code		45.00
	arlotte	NC	28227		Transaction ID : 2968f25d-2b9b-4101-9 Date of Disbursement or Obligation
Purp Sal	pose of Expenditure lary		Category/ Type 00	01	09 / 10 / 2014
Nan	ne of Federal Candidate		Support	Office	Sought: House District:00
Ms.	. Mary L Landrieu		X Oppose		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	, 1	114478.53	Disburs 2014	sement For:  Primary  General  Other (specify) ▶
	Name of Payee				Date of Public Distribution/Dissemination
Ar	manda Boley				09 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mai	ling Address Split Oak Drive				09 10 2017
	Sp				Amount
City	,	State	Zip Code		15.60
	arlotte	NC	28227	т	Fransaction ID: 103da99a-1134-4734-a Date of Disbursement or Obligation
	pose of Expenditure eage		Category/ Type 00	02	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Nan	ne of Federal Candidate		Support	t Office	Sought: House District: 00
Ms.	. Mary L Landrieu		X Oppose	;	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	<b>7</b>	114478.53	Disburs 2014	sement For: Primary X General  Other (specify) ▶
(a) S	SUBTOTAL of Itemized Independent Expenditure	S		····· <b>•</b>	60.60
(b) S	SUBTOTAL of Unitemized Independent Expenditu	ures		····· •	
(c) T	TOTAL Independent Expenditures			····· •	
with,	er penalty of perjury I certify that the independer or at the request or suggestion of, any candidat committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed]	Date 09	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Si	ignature		_		

Schedule E)	TI EXI EITE	II OILEO		PAGE 12 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	= M / D = D / Y = Y = Y
		Amenda Tepe	Trilled on	
Full Name of Payee Kenny Wallis			M	f Public Distribution/Dissemination
Mailing Address 6412 Osage Dr			Amour	nt
City	State	Zip Code		75.00
North Little rock	AR	72116		action ID : f1b986c2-dbf6-42d0-9 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		09 10 / 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	nt Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	86346.26	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Payee	_		Date of	of Public Distribution/Dissemination
Logan B Piper				09 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3205 Pebble Beach Rd			Amour	
City.	Otata	7:- Oada		0.70
City Conway	State AR	Zip Code 72034	Transa Date o	2.70 ction ID : 9e30f9d9-3324-4ec1-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	09 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Mark L Pryor		Oppose	Preside	ent State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	86346.26	Disbursement 2014 Of	t For: Primary X General ther (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			77.70
(a) SOBTOTAL OF REMIZED INDEPENDENT EXPENDICE	103			77.70
(b) SUBTOTAL of Unitemized Independent Expend	ditures		•	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	date or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	9 09	12 2014
Signature				

Schedule E)	PENT EXI END	JII OI LE	PAGE 13 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Logan B Piper			09 / 10 / 2014
Mailing Address 3205 Pebble Beach Rd			Amount
City	State	Zip Code	3.03
Conway	AR	72034	Transaction ID : ab96e11b-9f2d-435b-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 10 / Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		86346.26	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Chad E Day			09 10 / 2014
Mailing Address 168 Emerald Hill			Amount
City	State	Zip Code	70.00
Forest City	NC	28043	Transaction ID: 754ec284-9584-41b7-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 10 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		296206.99	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	ditures		73.03
			7-1-7-1-7-1-7-1-7-1-7-1-7-1-7-1-7-1-7-1
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

Schedule E)	VI EXI EIVE	TI OTILO	PA FO	GE 14 OF 78 R SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	ΓIFICATION NUMBER ▼
Women Speak Out PAC			C C00	530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on	D / Y = Y = Y = Y
Full Name of Payee			Date of Public Dis	stribution/Dissemination
Erin L Hogan			M M / D	10 / 2014
Mailing Address 110 Teresa Lane			Amount	
City	State	Zip Code		70.00
Pocahontas	AR	72455	Transaction ID : 4 Date of Disburser	1b4c0db9-2ec1-4ca8-9 nent or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	10 / 2014
Name of Federal Candidate		Support	Office Sought:	louse District: 00
Mr. Mark L Pryor		X Oppose	President X S	senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	86346.26	Disbursement For:  2014  Other (specify	Primary
Full Name of Payee			Date of Public Dis	stribution/Dissemination
Erin L Hogan			09 /	10 / 2014
Mailing Address 110 Teresa Lane			Amount	
City	State	Zip Code		33.90
Pocahontas	AR	72455		85f90cf-8b47-4f25-9 ment or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	10 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X S	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	86346.26	Disbursement For: 2014 Other (specify	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		·	103.90
(b) SUBTOTAL of Unitemized Independent Expendent	diturae			
(b) SOBTOTAL OF OFFICE MACE Mace Person Experie	intures			7
(c) TOTAL Independent Expenditures			<b>)</b>	4
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorize			
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	09 12	2014
-				

Sch	nedule E)	<b>L</b> /(1 <b>L</b> .(12.	101123			PAGE 15 OF 78 FOR SE OF FORM 24/48
	IE OF COMMITTEE (In Full)				FEC	DENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC				С	C00530766
Chec	ck if 24-hour report X 48-hour report	New repo	ort Amends	s report fil	led on	/ D = D / Y = Y = Y
	Full Name of Payee				Date of Pu	blic Distribution/Dissemination
L	Kristen S Moore				09	10 / 2014
ľ	Mailing Address 42 Oak Creek Drive				Amount	
	City	State	Zip Code			110.00
$\perp$	Conway	AR	72032			on ID: 85d2b8ec-a5eb-45b4-a sbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001	M 09	10 2014
1	Name of Federal Candidate		Supp	ort Of	fice Sought:	House District: 00
	Mr. Mark L Pryor		У Орро		President	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		86346.26	Dis 20	sbursement For 14 Other	: Primary
	Full Name of Payee				Date of Pu	ublic Distribution/Dissemination
	Kristen S Moore				M M M 09	10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 42 Oak Creek Drive					10 2511
					Amount	
(	City	State	Zip Code			19.20
	Conway	AR	72032		Transaction Date of Di	n ID: 26e3d444-07c1-4894-8 sbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002	09	10 / 2014
1	Name of Federal Candidate		Supp	ort Of	ffice Sought:	House District:00
	Mr. Mark L Pryor		X Oppo	ose	President	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	, , ,	86346.26		sbursement For 014 Other	r: Primary X General (specify) ▶
(a	a) SUBTOTAL of Itemized Independent Expenditures	<i>i</i>		······ <b>&gt;</b>		129.20
(b	o) SUBTOTAL of Unitemized Independent Expenditure	res		······ <b>&gt;</b>		7 1 7 1 7
(с	e) TOTAL Independent Expenditures			······· <b>&gt;</b>		77
wi	nder penalty of perjury I certify that the independentith, or at the request or suggestion of, any candidate arty committee) any political party committee or its ag	e or authorized				
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	M M / D I	
	Signature		_ `	Dato		

Schedule E)				PAGE 16 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hou	r report New repo	oort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publi	ic Distribution/Dissemination
John H Travis			M M 09	/ 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1618 Davis St			Amount	
City	State	Zip Code		110.00
Conway	AR	72032		ID: 61e4ae05-aa06-46c5-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	10 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		86346.26	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Brandy Starns			M M M 09	10 2014
Mailing Address 300 Evangeline St				10 2017
			Amount	
City	State	Zip Code		60.00
Monroe	LA	71201		D: 7ea54358-3d9f-47a5-b oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	10 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		114478.53	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independen	t Expenditures		•	170.00
(b) SUBTOTAL of Unitemized Independ	ent Expenditures		•	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the with, or at the request or suggestion of, party committee) any political party com-	any candidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	9 09 12	/ Y Y Y Y Y 2014
Signature		_		

Schedule E)	PAGE 17 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Am	mends report filed on
Full Name of Payee Brandy Starns	Date of Public Distribution/Dissemination
, i	09 / 10 / 2014
Mailing Address 300 Evangeline St	Amount
City State Zip Code	15.00
Monroe LA 71201	Transaction ID : cead1107-c830-4194-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type	/ 002 M / D D / Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
Ma Marriel Landston	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  114478.53	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
James Tatro	09 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1208 Braeburn Rd	Amount
City Code	
City State Zip Code Charlotte NC 28211	60.00 Transaction ID : 63db4f4a-4e49-45f2-a
Purpose of Expenditure Category/	Date of Disbursement or Obligation
Salary Type	001 00 10 2014
	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 296206.9	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	75.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported he with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 09 12 2014
Signature	

Schedule E)	101123	PAGE 18 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
		M = M   / D = D   / Y = Y = Y
Check if 24-hour report X 48-hour report New report	rt Amends report filed	on
Full Name of Payee James Tatro		Date of Public Distribution/Dissemination
Mailing Address 1208 Braeburn Rd		09 10 2014
Walling 7 661 965 1208 Braeburn Ku		Amount
City State 2	Zip Code	5.10
Charlotte NC	28211	Transaction ID : f9e34fa3-ea91-495c-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	09 10 2014
Name of Federal Candidate	Support Office	e Sought: House District: 00
Ms. Kay Hagan	X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbu 2014	ursement For: Primary X General  Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
David Ford		09 10 / Y Y Y Y Y
Mailing Address 106 Hillside St		Amount
City State	Zip Code	77.50
Spindale NC	28160	Transaction ID : 9ac0a5b1-f796-4210-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 10 2014
Name of Federal Candidate	Support Office	e Sought: House District: 00
Ms. Kay Hagan	X Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought	296206.99 Disbut	ursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	·····	82.60
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronic	cally Filed] Date	09
Signature		

Schedule E)				PAGE 19 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
			M	M / D D / Y Y Y Y
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	
Full Name of Payee  David Ford				f Public Distribution/Dissemination
Mailing Address 106 Hillside St				09 10 / 2014
Too miliside St			Amour	nt
City	State	Zip Code		37.20
Spindale	NC	28160		action ID: 29b88d75-95fb-4927-a of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		09 10 / 2014
Name of Federal Candidate		Support	Office Sought	:: House District:00
Ms. Kay Hagan		X Oppose	Preside	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	2	96206.99	Disbursement 2014 Ot	For: Primary
Full Name of Payee			Date of	of Public Distribution/Dissemination
Mattie F Grant			М	09 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1700 N Hughes St Apt 17				للنبا لنا لت
			Amoui	nt
City	State	Zip Code		80.00
Little Rock	AR	72207	Transa Date of	ction ID: b50816b7-0f50-4331-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	09 / D D / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: House District:00
Mr. Mark L Pryor		X Oppose	Preside	ent Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		86346.26	Disbursemen 2014 O	t For: Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures.			<b>•</b>	117.20
(b) SUBTOTAL of Unitemized Independent Expenditur	es		· [	
(c) TOTAL Independent Expenditures			· -	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M = M /	12
Signature		_		

oblicatio E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report	M = M / D = D / Y = Y = Y
	e of Public Distribution/Dissemination
Morgan E Smith	09 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 900 Bramblegate Rd Ame	ount
City State Zip Code	23.30
Hope Mills NC 28348 Trai	nsaction ID : e3ee349c-2ab4-4a37-b e of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	09 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ight: House District: 00
Ms. Kay Hagan Pres	sident X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbursem 296206.99  2014	
	Other (specify)
Full Name of Payee Date Daniel E Collison	te of Public Distribution/Dissemination
Mailing Address 3315 Cardinal Ridge Rd Am	09 10 2014 rount
City State Zip Code	65.00
Greensboro NC 27410 Tran	nsaction ID : aada2546-c560-4f35-a te of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	09 10 2014
Name of Federal Candidate Support Office Sou	ught: House District: 00
Ms. Kay Hagan Oppose Pres	sident State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbursem 296206.99	nent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	88.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 09	/ 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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OF

Schedule E)	PENT EXTEND	TIONES	PAGE 21 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Daniel E Collison			09 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3315 Cardinal Ridge Rd			Amount
City	State	Zip Code	32.40
Greensboro	NC	27410	Transaction ID: 001c0894-e9c3-4e75-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 10 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	296206.99	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Dwayne C Smith			09 10 2014
Mailing Address 900 Bramblegate Rd			Amount
City	State	Zip Code	40.00
Hope Mills	NC	28348	Transaction ID : 21cd5709-1c2e-42ef-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 10 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	296206.99	Disbursement For: ☐ Primary ☐ General  2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	ditures		72.40
(b) SUBTOTAL of Unitemized Independent Exp	oenditures		· -
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>3</b>			

Schedu	le E)	1 <b>-</b> /(1 - (1 - )	1101120		PAGE 22 OF 78 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wome	en Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
	ame of Payee ayne C Smith				of Public Distribution/Dissemination
Mailin	g Address 900 Bramblegate Rd			Amour	09 10 2014 nt
City		State	Zip Code		9.30
	Mills	NC	28348		action ID: 1159743e-f7f1-4875-9 of Disbursement or Obligation
Purpo Milea	se of Expenditure ge		Category/ Type 002		09 10 / 2014
Name	of Federal Candidate		Support	Office Sought	: House District: 00
Ms. K	Kay Hagan		Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	2	296206.99	Disbursement 2014 Of	reference : For: Primary
Ada	lame of Payee am Rock  g Address 307 Farris Rd Apt 1				of Public Distribution/Dissemination
					10.00
City	vay	State AR	Zip Code 72034	Transa Date (	40.00  ction ID : 7e8feaea-6125-440c-8  of Disbursement or Obligation
Purpo	ose of Expenditure ry		Category/ Type 001		09 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name	of Federal Candidate		Support	Office Sough	t: House District:00
Mr. M	flark L Pryor		X Oppose	Preside	ent Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	, , ,	86346.26	Disbursemen 2014 O	t For:
(a) SU	BTOTAL of Itemized Independent Expenditure	es		· [	49.30
(b) SU	BTOTAL of Unitemized Independent Expendit	tures		•	7 7 7
(c) TO	TAL Independent Expenditures			•	7 1 7 1 7
with, or	penalty of perjury I certify that the independer at the request or suggestion of, any candidate ommittee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	9 09	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Sigr	nature				

Sc	hedule E)	-/\( \( \) \	101120				PAGE 23 OF 78 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC					С	C00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort Ar	mends repo	ort filed on	M = M /	D = D / Y = Y = Y = Y
Т	Full Name of Payee Adam Rock				Date	e of Public	c Distribution/Dissemination
-	Mailing Address 307 Farris Rd Apt 1					09 ount	10 2014
						ourk	
	,		Zip Code				7.50
		AR	72034				ID: 964e9ec8-6410-43ff-9 ursement or Obligation
	Purpose of Expenditure Mileage	l	Category/ Type			M M 09	10 / 2014
ı	Name of Federal Candidate			Support	Office Sou	ght:	House District:00
	Mr. Mark L Pryor			Oppose	Pres	ident	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		86346.26		Disbursem 2014	ent For: Other (sp	Primary ☐ General
ŀ	Full Name of Payee				Dat		c Distribution/Dissemination
	Jon Linch					M = M	/ D D / Y Y Y Y
ŀ	Mailing Address 6108 Harkins Ave					09	10 2014
	0.000				Am	ount	
ŀ	City	State	Zip Code				50.00
	Little Rock	AR	72210		<b>Tran</b> Dat	saction II e of Disbu	D: edd397e6-6d59-433b-8 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type			09 09	10 2014
ľ	Name of Federal Candidate			Support	Office Sou	ight:	House District: 00
	Mr. Mark L Pryor			Oppose	Pres	sident	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		86346.2	26	Disbursem 2014	ent For: Other (sp	Primary
(	a) SUBTOTAL of Itemized Independent Expenditures				· •	-	57.50
(	(b) SUBTOTAL of Unitemized Independent Expenditures	s			·· •	-	
(	c) TOTAL Independent Expenditures				•	-7-	7
W	Under penalty of perjury I certify that the independent exith, or at the request or suggestion of, any candidate control committee) any political party committee or its age	or authorized					
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	e 09	/ 12	2014
	Signature						

Schedule E)	INT EXI END	ATOTILO	PAGE 24 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jon Linch			09 / 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6108 Harkins Ave			Amount
City	State	Zip Code	14.40
Little Rock	AR	72210	Transaction ID: 652d075d-c101-4aac-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 10 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		86346.26	Disbursement For: Primary X General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Stephanie L Heun			09 10 / Y Y Y Y Y
Mailing Address 8026 S Wilwood Dr Apt 101			Amount
City	State	Zip Code	30.00
Oak Creek	WI	53154	Transaction ID : 16d011b0-bb2a-46f5-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		296206.99	Disbursement For:  Primary  General 2014  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		44.40
//s) CURTOTAL of Unitermitted Independent Function	alita		
(b) SUBTOTAL of Unitermized Independent Expen	altures		
(c) TOTAL Independent Expenditures			<b>)</b>
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	09 12 / 2014
•			

Schedule E)					PAGE 25 OF 78 FOR SE OF FORM 24/48
NAME OF COMMI					FEC IDENTIFICATION NUMBER ▼
Women Spe	ak Out PAC				C C00530766
Check if 24-ho	our report X 48-hour report	X New rep	ort Amends repo	ort filed on	M / D D / Y D Y D Y
Full Name of F					of Public Distribution/Dissemination
	s 1410 Bushville Dr			— L	09 10 2014
				Amou	nt
City		State	Zip Code		35.00
Lenoir		NC	28645		action ID: 35f244d0-7c96-404b-a of Disbursement or Obligation
Purpose of Exp Salary	penditure		Category/ Type 001		09 10 / 2014
Name of Feder	ral Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagar	1		X Oppose	Preside	NC NC
	Year-To-Date on for Office Sought		296206.99	Disbursemen 2014 O	t For: Primary
Full Name of F				Date	of Public Distribution/Dissemination
Sharon t C	Craig			N	09 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Addres	S 1410 Bushville Dr				
				Amou	nt
City		State	Zip Code		12.00
Lenoir		NC	28645	Transa Date	oction ID : bfcf72c8-2bf5-43c0-9 of Disbursement or Obligation
Purpose of Ex Mileage	penditure		Category/ Type 002	N	09 / 10 / Y Y Y Y Y
Name of Fede	ral Candidate		Support	Office Sough	t: House District:00
Ms. Kay Hagai	1		Oppose	Preside	ent X Senate State: NC
	Year-To-Date on for Office Sought		296206.99	Disbursemen 2014	t For: Primary X General
(a) SUBTOTAL	of Itemized Independent Expend	itures		•	47.00
(b) SUBTOTAL	of Unitemized Independent Expe	enditures		· •	7 1 7 1 7
(c) TOTAL Inde	pendent Expenditures			· •	7 1 7 1 7
with, or at the re		didate or authorized			cooperation, consultation, or concert the reporting entity is not a political
	. Emily Buchanan	[Electron	ically Filed] Date	9 09	12 / 2014
Signature					

Scł	hedule E)	LXI LIIDI	II OILO		PAGE 26 OF 78 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	eck if 24-hour report X 48-hour report	New repo	oort Amends rep	ort filed on	M
T	Full Name of Payee Trent Minner				of Public Distribution/Dissemination
-	Mailing Address 2000 W University St			Amou	09 10 2014 ant
-	City	State	Zip Code		25.00
	Siloam Springs	AR	72761		saction ID : baff1fde-886c-457d-8 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001	- IV	09 10 2014
t	Name of Federal Candidate		Support	Office Sough	nt: House District:00
	Mr. Mark L Pryor		Oppose	Preside	ent State: AR
	Calendar Year-To-Date Per Election for Office Sought		86346.26	Disbursemen 2014	nt For:  Primary
	Full Name of Payee Trent Minner			_	of Public Distribution/Dissemination
	Mailing Address 2000 W University St			Amou	int
ľ	City	State	Zip Code	$\neg \vdash$ L.	7.20
	Siloam Springs	AR	72761		action ID: 4b389223-b776-48e0-9 of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		09 / 10 / 2014
ľ	Name of Federal Candidate		Support	Office Sough	nt: House District: 00
	Mr. Mark L Pryor		X Oppose	Presid	ent Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	, , ,	86346.26	Disbursemer 2014	nt For:
(6	a) SUBTOTAL of Itemized Independent Expenditures	s		>	32.20
(I	b) SUBTOTAL of Unitemized Independent Expenditu	ures		··· <b>•</b>	
(0	c) TOTAL Independent Expenditures			··· •	7 1 7 1 7 1
W	Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate earty committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	te 09	12 2014
	Signature				

Schedule E)	INT EXI END	1101120		PAGE 27 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Nick Berryhill				olic Distribution/Dissemination
Mailing Address 905 Lake Drive			09	10 / 2014
			Amount	
City	State	Zip Code		70.00
Shelby	NC	28152		n ID: 80eb1679-55df-4be1-a bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M M 09	10 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		296206.99	Disbursement For: 2014 Other (	Primary
Full Name of Payee				olic Distribution/Dissemination
Nick Berryhill			M M M M 09	/ D D / Y Y Y Y Y Y Y Y 10 2014
Mailing Address 905 Lake Drive			Amount	
			Amount	
City	State NC	Zip Code	Transaction	5.70 ID: 8d0a9c40-5716-4c45-b
Shelby Purpose of Expenditure		28152	Date of Dis	bursement or Obligation
Mileage		Category/ Type 002	09	10 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		296206.99	Disbursement For: 2014 Other (	Primary
(a) SUBTOTAL of Itemized Independent Expend	itures		<b>&gt;</b>	75.70
(b) SUBTOTAL of Unitemized Independent Expe	nditures		· <b>&gt;</b>	7
(c) TOTAL Independent Expenditures			<b>•</b>	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan	[Electroi	nically Filed] Date	M M / D 12	
Signature				

· · · · ,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Dat	te of Public Distribution/Dissemination
Douglas A Nystrom		09 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2000 W University St	Am	nount
City Sta	ite Zip Code	40.00
Siloam Springs A		ansaction ID : 2bf9f2be-5f18-40cc-9 te of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sou	ught: House District: 00
Mr. Mark L Pryor	X Oppose Pres	sident Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	86346.26 Disbursem 2014	nent For: Primary ⊠ General Other (specify) ▶
Full Name of Payee Tammay Williams  Mailing Address 924 N. Prieur St		te of Public Distribution/Dissemination
	An	nount
City		80.00
		nsaction ID: a45075ce-5e98-4dfb-a te of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 / 10 / 2014
Name of Federal Candidate	Support Office Sou	ught: House District: 00
Ms. Mary L Landrieu	Oppose Pres	sident State: LA
Calendar Year-To-Date Per Election for Office Sought	114478.53 Disbursen 2014	nent For: Primary General  Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	• • • • • • • • • • • • • • • • • • •	120.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its ager	authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 09	12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

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OF

Schedule E)	IDENT EXTEND	ITOTILO	PAGE 29 OF FOR SE OF FORM	78 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUI	MBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour repo	rt New rep	ort Amends repo	t filed on	" Y " Y
Full Name of Payee Tammay Williams				ination
Mailing Address 924 N. Prieur St			09 10 20 Amount	)14
				ii.
City New Orleans	State LA	Zip Code 70116	Transaction ID : cf11eb02-2330-4 Date of Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	M M / D D / Y Y	014
Name of Federal Candidate		Support	Office Sought: House District:	00
Ms. Mary L Landrieu		X Oppose	President Senate State:	
Calendar Year-To-Date Per Election for Office Sought	1	14478.53	Disbursement For:  Primary  X 2014  Other (specify) ▶	General
Full Name of Payee Antoinette Franklin				YYY
Mailing Address 8822 Apple St			09 10 2 Amount	014
City	State	Zip Code		50.00
New Orleans	LA	70188	Transaction ID: 65129dae-3f0a-48 Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001		014
Name of Federal Candidate		Support	Office Sought: House District:	00
Ms. Mary L Landrieu		X Oppose	President Senate State:	,
Calendar Year-To-Date Per Election for Office Sought		114478.53	Disbursement For:	General
(a) SUBTOTAL of Itemized Independent Expe	enditures		65	5.00
(b) SUBTOTAL of Unitemized Independent E	xpenditures			
			4-1-4-1-4-1-1-1-4-1-1-1-4-1-1-1-4-1	
(c) TOTAL Independent Expenditures			<b>)</b>	4
Under penalty of perjury I certify that the ind with, or at the request or suggestion of, any oparty committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 12 7 2014	
<b>3</b>				

Schedule E)			PAGE 30 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New report Amer	nds report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Beau Autin		Da	ate of Public Distribution/Dissemination
Mailing Address 345 Auroura Ave			09 / 10 / 2014
		Ar	nount
1 ,	ate Zip Code		50.00
	A 70006		ansaction ID : 7ca7a9f8-aa1d-4a88-8 ate of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type	001	09 / 10 / 2014
Name of Federal Candidate	Su	pport Office So	ught: House District: 00
Ms. Mary L Landrieu			esident State: LA
Calendar Year-To-Date Per Election for Office Sought	114478.53	Disburser 2014	ment For:
Full Name of Payee		Da	ate of Public Distribution/Dissemination
Beau Autin			09 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 345 Auroura Ave		Δ.	
		Ar	mount
<b>l</b> '	ate Zip Code		6.36
	A 70006	Tra	Insaction ID: 997f2b64-be33-412e-9 ate of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type	002	09 / 10 / 2014
Name of Federal Candidate	Su	ipport Office So	ought: House District: 00
Ms. Mary L Landrieu	X Op	opose Pre	esident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	114478.53	Disbursei 2014	ment For:
•			
(a) SUBTOTAL of Itemized Independent Expenditures		······	56.36
(b) SUBTOTAL of Unitemized Independent Expenditures		·····	
(c) TOTAL Independent Expenditures		······	
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its ager	r authorized committee or		
Ms. Emily Buchanan	[Electronically Filed]	Date 09	12 2014
Signature			

Schedule E)	IVI EXI EIVE	TI OTILO	PAGE 31 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee Kevin L Battle			Date of Public Distribution/Dissemination
Mailing Address 3300 Asher Ave			09 / 10 / 2014
3300 Asher Ave			Amount
City	State	Zip Code	70.00
Little Rock	AR	72204	Transaction ID: f3e44d1c-8fba-4c8c-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	86346.26	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Krystal A Wilson			09 / 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 448 Judson Dr			Amount
City	State	Zip Code	37.50
Wake Forest	NC	27587	Transaction ID: 4582d671-c610-4586-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 10 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		296206.99	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		. 107.50
, ,			7 7 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>•</b>
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

ooneddic Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report  48-hour report  New report  Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Date	e of Public Distribution/Dissemination
Krystal A Wilson	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 448 Judson Dr Amo	ount
City State Zip Code	5.70
Wake Forest NC 27587 Trail	Insaction ID : ae5e4f12-2e47-4e5e-8 te of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	09 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ight: House District: 00
Mc Koy Hogan	sident State: NC
Calendar Year-To-Date Per Election for Office Sought  Disburseme 296206.99  Disburseme 2014	nent For: Primary ⊠ General Other (specify) ▶
	te of Public Distribution/Dissemination
Mailing Address 1691 Fork Mtn Rd	09 10 2014 nount
City State Zip Code	60.00
Bakersville NC 28705 Tran	nsaction ID : 492031e2-7d67-4ca2-a
Purpose of Expenditure Salary  Category/ Type  001	te of Disbursement or Obligation
Name of Federal Candidate Support Office Sou	ught: House District: 00
Ms. Kay Hagan	
Calendar Year-To-Date Per Election for Office Sought  Disbursem 296206.99	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	65.70
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 09	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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OF

Schedule E)	I EXI END	TOTILO	<u> </u>	PAGE 33 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Virginia M Stevens			M = M /	Distribution/Dissemination
Mailing Address 1691 Fork Mtn Rd			09 Amount	10 2014
City  Bakersville	State NC	Zip Code 28705		27.90 : 2524eac8-1ee2-459d-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disburs	10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	, 2	296206.99	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee Laura U Logie			M = M /	Distribution/Dissemination
Mailing Address 2565 Shire Circle			09 Amount	10 2014
City	State	Zip Code		35.00
Harrisonburg	VA	22801		c cd7ffe79-e8b4-49b2-b sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	10 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Noppose Noppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	296206.99	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expenditure	s		<b>•</b> []	62.90
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		<b>•</b>	
(c) TOTAL Independent Expenditures				7-1-2-1
			4	7 4
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candidar party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 / 12	2014
Olyriature				<del></del>

Sch	edule E)	<b>L</b> /(1 <b>L</b> /(2)	10.120		PAGE 34 OF FOR SE OF FORM	78 24/48
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUM	
Wo	omen Speak Out PAC				C C00530766	
Chec	k if 24-hour report X 48-hour report	New repo	ort Amends	report filed	on M M / D D / Y Y	YYY
	Full Name of Payee				Date of Public Distribution/Dissem	ination
	Todd Ellis					)14
IV	Mailing Address P.O. Box 712				Amount	
С	Dity	State	Zip Code			90.00
- 1	Alexander	AR	72002		Transaction ID: 3a8f97b2-14f0-4 Date of Disbursement or Obligatio	80d-9
	Purpose of Expenditure Salary		Category/ Type	001	M M / D D / Y Y	014
N	Name of Federal Candidate		Suppo	ort Offic	Sought: House District:	00
N	Mr. Mark L Pryor		X Oppos		President State:	
	Calendar Year-To-Date Per Election for Office Sought		86346.26	Disbi 2014	rsement For: Primary X  Other (specify) ▶	General
	Tull Name of Payee Todd Ellis				Date of Public Distribution/Dissem	
	As To a Address					014
IN	Mailing Address P.O. Box 712				Amount	
	Dity	State	Zip Code			56.40
_	Alexander	AR	72002		Transaction ID: 8a1e14e1-6cc5-4 Date of Disbursement or Obligation	<b>79f-b</b> on
	Purpose of Expenditure Mileage		Category/ Type	002	M = M / D = D / Y = Y	)14 Y
N	Name of Federal Candidate		Suppo	ort Offic	Sought: House District:	00
_ N	Mr. Mark L Pryor		X Oppos	se	President State:	_AR
	Calendar Year-To-Date Per Election for Office Sought	, ,	86346.26	Disb 2014	other (specify) ►	General
(a)	) SUBTOTAL of Itemized Independent Expenditures	3			146	3.40
` .	, , , , , , , , , , , , , , , , , , , ,			•		
(b)	) SUBTOTAL of Unitemized Independent Expenditure	res		······ <b>&gt;</b>	7 7	
(c)	) TOTAL Independent Expenditures			······ <b>&gt;</b>	7 1 7	-
wit	nder penalty of perjury I certify that the independenth, or at the request or suggestion of, any candidate try committee) any political party committee or its a	e or authorized				
	Ms. Emily Buchanan	[Electron	ically Filed]	Date 0	9 12 2014	
	Signature		_			

Schedule E)	DEIVI EXI EIVD	HONES	PAGE 35 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Malinda Ledford			09 10 / Y Y Y Y Y Y
Mailing Address 44 Bell Street Ext			Amount
City	State	Zip Code	60.00
Spruce Pine	NC	28777	Transaction ID: 97f0e813-1624-458e-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 10 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		296206.99	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Malinda Ledford			09 / 10 / 2014
Mailing Address 44 Bell Street Ext			Amount
City	State	Zip Code	27.90
Spruce Pine	NC	28777	Transaction ID : ed36eea4-27bb-4d1a-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 10 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		296206.99	Disbursement For:  Primary  General  2014  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		87.90
			7 7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			·
	andidate or authorized		not made in cooperation, consultation, or concert feither, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

Sc	hedule E)	PAGE 36 OF 78 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
VV	omen Speak Out PAC	C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends report filed of	on Mam / Dad / Yayayay
T	Full Name of Payee Ms. Tonya Boyd	Date of Public Distribution/Dissemination
-	Mailing Address 2357 Fancy Cap Rd	09 10 2014
		Amount
	City State Zip Code	105.00
		<b>Transaction ID : e208fbea-e3c9-422d-8</b> Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	09 10 / 2014
ŀ	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms Kay Hagan	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disburg 296206.99	sement For:  Primary
ľ	Full Name of Payee	Date of Public Distribution/Dissemination
	Ms. Tonya Boyd	09 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ŀ	Mailing Address 2357 Fancy Cap Rd	09 10 2014
		Amount
ŀ	City State Zip Code	39.24
		Transaction ID : 7fa1c07c-36f2-4a1a-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	09 / 10 / 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Kay Hagan	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbur 2014	rsement For:  Primary
(	(a) SUBTOTAL of Itemized Independent Expenditures	144.24
(	(b) SUBTOTAL of Unitemized Independent Expenditures	1 7 1 7 1 7
(	(c) TOTAL Independent Expenditures	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 09	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

Schedule E)	<b>=</b> /(: ==.			PAGE 37 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	M / D = D / Y = Y = Y = Y
Full Name of Payee Diane Smith			M	
Mailing Address 4006 Wolkswalk Place			Amount	9 10 2014
City	State	Zip Code		33.00
Raleigh	NC	27610		ction ID: 7a73900d-c85d-466a-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	O'	M / D D / Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	2	296206.99	Disbursement F 2014 Othe	For: Primary X General er (specify) ▶
Full Name of Payee Diane Smith			Date of	
Mailing Address 4006 Wolkswalk Place			Amount	
City	State	Zip Code		7.20
Raleigh	NC	27610	Transact Date of	ion ID : e625e83e-54ff-41af-b Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	0:	9 10 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	Presiden	t X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		296206.99	Disbursement I 2014 Oth	For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	3		<b>.</b>	40.20
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		· .	4 1 4 1 4 1
(c) TOTAL Independent Expenditures			· .	7 7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date		12 2014
Signature				

Scł	nedule E)				PAGE 38 OF 78 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	ck if 24-hour report X 48-hour report New	w report	Amends repo	ort filed o	m M = M / D = D / Y = Y = Y
T	Full Name of Payee  Jacob L Colbert				Date of Public Distribution/Dissemination
ŀ	Mailing Address 49 Sharon Circle				09 10 2014 Amount
H	City State	<i>7</i> i	ip Code		20.00
	Greenbrier AR		2058		Transaction ID : d0530e4b-48b7-45e1-8 Date of Disbursement or Obligation
١	Purpose of Expenditure Salary		Category/ Type 001		09
ı	Name of Federal Candidate	ı	Support	Office S	Sought: House District: 00
	Mr. Mark L Pryor		X Oppose		President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	, 86	6346.26	Disburs 2014	ement For:  Primary  General  Other (specify) ▶
Γ	Full Name of Payee  Jacob L Colbert				Date of Public Distribution/Dissemination
-					09 10 2014
١	Mailing Address 49 Sharon Circle				Amount
ŀ	City State	Z	ip Code		15.60
	Greenbrier AR	7	72058	т	ransaction ID : fa8d677a-3410-4dd0-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		09 / 10 / 2014
	Name of Federal Candidate		Support	Office	Sought: House District: 00
	Mr. Mark L Pryor		X Oppose	F	President State: AR State:
	Calendar Year-To-Date Per Election for Office Sought	- 5	86346.26	Disburs 2014	sement For:  Primary
	CUDTOTAL of the reined to depend on a Fun and thurse				05.00
(8	a) SUBTOTAL of Itemized Independent Expenditures			▶	35.60
(i	b) SUBTOTAL of Unitemized Independent Expenditures			··· •	
(0	c) TOTAL Independent Expenditures			··· •	
W	Inder penalty of perjury I certify that the independent expendith, or at the request or suggestion of, any candidate or authoratty committee) any political party committee or its agent.				
	Ms. Emily Buchanan	ectronica	ally Filed] Date	e 09	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature				

Sche	edule E)	// LITE.	101120				PAGE 39 OF 78 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC					С	C00530766
Check	k if 24-hour report X 48-hour report	New repo	ort Am	nends repo	ort filed on	M = M /	D = D / Y = Y = Y
Fu	full Name of Payee Anthony Pearson				Date	M M	c Distribution/Dissemination
М	Mailing Address 112 apache Dr				Amo	09 ount	10 2014
C	Dity Sta		Zip Code		-		45.00
		AR	72149				ID: 554ced59-6d56-45ae-9 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		09	10 / Y Y Y Y 2014
N	lame of Federal Candidate		<u>'</u>	Support	Office Sou	nht:	House District: 00
M	Mr. Mark L Pryor			Oppose	Presi	_	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		86346.26		Disburseme 2014	ent For: Other (sp	Primary
	Full Name of Payee Anthony Pearson Mailing Address 112 apache Dr					of Publi	c Distribution/Dissemination
	N: 04	•-	7:- O-d-				20.50
	,	ate \R	Zip Code 72149				22.50 D: 6689be8f-a21d-4ceb-8 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		09	10 / 2014
N	Name of Federal Candidate			Support	Office Sou	ght:	House District: 00
N	Mr. Mark L Pryor			Oppose			Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		86346.2	6	Disbursem 2014	ent For: Other (sp	Primary X General Decify) ▶
(a)	) SUBTOTAL of Itemized Independent Expenditures						67.50
(b)	) SUBTOTAL of Unitemized Independent Expenditures				· •		
(c)	TOTAL Independent Expenditures				•		7
with	der penalty of perjury I certify that the independent exch, or at the request or suggestion of, any candidate or rty committee) any political party committee or its agen	r authorized					
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	9 09	12	2014
	Signature						

Sc	chedule E)	LAI LITE.	10.120		PAGE 40 OF 78 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Т	Full Name of Payee Patrice Wolfe			Date of	of Public Distribution/Dissemination
Ì				M	09 / 10 / 2014
Ì	Mailing Address 9909 Treasure Hill Rd			Amour	nt
Ì	City	State	Zip Code		65.00
	Little Rock	AR	72205		caction ID: 49a480d8-6f26-43af-9 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		09 / 10 / 2014
Ì	Name of Federal Candidate		Support	Office Sough	it: House District: 00
	Mr. Mark L Pryor		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought		86346.26	Disbursement 2014 Of	ther (specify) ►
	Full Name of Payee Patrice Wolfe			Date of	of Public Distribution/Dissemination
1				M	09 10 / Y Y Y Y Y Y
	Mailing Address 9909 Treasure Hill Rd			Amou	int
1	City	State	Zip Code	$ \Gamma$	42.00
Ì	Little Rock	AR	72205	Transa Date	action ID : 90fb727a-8447-4e60-9 of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		09 / 10 / 2014
Ì	Name of Federal Candidate		Support	Office Sough	nt: House District: 00
	Mr. Mark L Pryor		Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought		86346.26	Disbursemen 2014 O	nt For:  Primary
	(a) SUBTOTAL of Itemized Independent Expenditures.	i			107.00
(	(b) SUBTOTAL of Unitemized Independent Expenditure	res		<b>-</b>	
	(c) TOTAL Independent Expenditures			•	
١	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	e or authorized			
	Ms. Emily Buchanan	[Electron	cically Filed] Date	e 09	12
	Signature		_		

### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	II EXI END	HONES		PAGE 41 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDI	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	000530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Brenda L Dawson			09	10 / 2014
Mailing Address 6021 General Samuel Rd			Amount	
City	State	Zip Code		13.00
Jacksonville	AR	72076		0: bbb36780-9b51-4a41-b sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	10 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	<u> </u>
Calendar Year-To-Date Per Election for Office Sought	7	86346.26	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee	_		Date of Public	Distribution/Dissemination
Brenda L Dawson			M M /	10 / 2014
Mailing Address 6021 General Samuel Rd			Amount	
City	State	Zip Code		4.80
Jacksonville	AR	72076		: d1a92182-3649-401c-8 rement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	10 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President >	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	86346.26	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditur	es			17.80
			7	
(b) SUBTOTAL of Unitemized Independent Expendent	itures		• •	
(c) TOTAL Independent Expenditures			•	4
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / 12	2014
<b>3</b>				

Schedule E)		-NI -/	110.120		PAGE 42 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (					FEC IDENTIFICATION NUMBER ▼
Women Speak O	ut PAC				C C00530766
Check if 24-hour repo	ort X 48-hour report	New rep	ort Amends repo	ort filed on	* M / D = D / Y = Y = Y
Full Name of Payee				Date of	of Public Distribution/Dissemination
Richard Michal					09 10 2014
Mailing Address 3939	Gentilly Blvd			Amou	nt
City		State	Zip Code		40.00
New Orleans		LA	70126		action ID : dce07892-72a6-41e4-a of Disbursement or Obligation
Purpose of Expenditur Salary	е		Category/ Type 001	М	09 10 / Y Y Y Y Y
Name of Federal Can	didate		Support	Office Sough	t: House District:00
Ms. Mary L Landrieu			X Oppose	Preside	ent Senate State: LA
Calendar Year-To- Per Election for C			114478.53	Disbursemen 2014 O	t For:
Full Name of Payee				Date	of Public Distribution/Dissemination
Richard Michals	:KI			IV	09 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 39	39 Gentilly Blvd				10 2014
	•			Amou	nt
City		State	Zip Code		3.00
New Orleans		LA	70126	Transa Date	oction ID: 9415dca6-3198-4a05-b of Disbursement or Obligation
Purpose of Expenditure Mileage	re		Category/ Type 002	TV	09 / 10 / Y Y Y Y Y
Name of Federal Can	didate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu			X Oppose	Preside	
Calendar Year-To Per Election for (			114478.53	Disbursemen 2014 O	t For:
(a) SUPTOTAL of Hom	ized Independent Expendi	tures			42.00
(a) SUBTUTAL OF Item	ігеа інаерепаені Ехренаі	tures		•	43.00
(b) SUBTOTAL of Unit	emized Independent Expe	nditures		•	42 42
(c) TOTAL Independen	t Expenditures			· [	7 7 7
with, or at the request		didate or authorized			cooperation, consultation, or concert the reporting entity is not a political
Ms. Emily I	Buchanan	[Electron	ically Filed] Date	9 09	12 / 2014
Signature					

Schedule E)				PAGE 43 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			ı	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	M / D D / Y = Y = Y
		ort	Tt mod on	
Full Name of Payee Shantal C Culbreath			M	f Public Distribution/Dissemination
Mailing Address 4691 Hercules Lane			Amoun	
City	State	Zip Code		100.00
Woodbridge	VA	22193		action ID: 62e05518-e1a2-4e6a-a f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		09 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	: House District: 00
Ms. Kay Hagan		X Oppose	Preside	NC NC
Calendar Year-To-Date Per Election for Office Sought	2	296206.99	Disbursement 2014 Ott	For: Primary X General her (specify) ▶
Full Name of Payee			Date o	f Public Distribution/Dissemination
Jeanne Tribou				09 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 22369 Ponderosa Dr.				
			Amoun	ıt
City	State	Zip Code		50.00
Mandeville	LA	70471	Transac Date o	ction ID: 4379efb7-e61f-49e9-9 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		09 / 10 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		114478.53	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.			<b>•</b>	150.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	7
(c) TOTAL Independent Expenditures			· .	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M M / 09	12 / Y - Y - Y - Y - Y - Y - Y - Y - Y - Y
Signature				

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	omen Speak Out PAC	C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Jeanne Tribou	09 / 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 22369 Ponderosa Dr.	Amount
ŀ	City State Zip Code	9.60
	Mandeville LA 70471	Transaction ID : c3a3207e-8176-460e-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	09 / 10 / 2014
ı	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbur 2014	sement For:  Primary  General  Other (specify) ▶
	Full Name of Payee Christopher Marquess  Mailing Address 110 W Pecan St	Date of Public Distribution/Dissemination  M
ı	City.	05.00
١	City State Zip Code  Ville Platte LA 70586	65.00 Transaction ID : 22070d6a-9046-4134-a
	Purpose of Expenditure Salary  Category/ Type 001	Date of Disbursement or Obligation
	Name of Federal Candidate Support Office	Sought: House District: 00
		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For: Primary X General  Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	74.60
(	(b) SUBTOTAL of Unitemized Independent Expenditures	
(	(c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
	Ms. Emily Buchanan  [Electronically Filed] Date  OS	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

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OF

Schedule E)	)	PAGE 45 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New re	port Amends report file	ed on Mam / Dab / Yayayay
Full Name of Payee		Date of Public Distribution/Dissemination
Christopher Marquess		09 10 2014
Mailing Address 110 W Pecan St		Amount
City State	Zip Code	38.40
Ville Platte LA	70586	Transaction ID : 73f9775f-b077-4a1b-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	09 / 10 / 2014
Name of Federal Candidate	Support Offi	ce Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	Dis 201	bursement For: ☐ Primary X General  4 ☐ Other (specify) ▶
Full Name of Payee	·	Date of Public Distribution/Dissemination
David M Bozeman		09 10 2014
Mailing Address 768 Pine Haven Drive		
		Amount
City State	Zip Code	15.00
Fayetteville NC	28306	Transaction ID : ef54ac5f-7f68-4b0e-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Offi	ce Sought: House District: 00
Ms. Kay Hagan	∑ Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	296206.99 Dis 20°	bursement For:  Primary
<del>-</del>		
(a) SUBTOTAL of Itemized Independent Expenditures	·····	53.40
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electro	nically Filed] Date	09 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Schedule E)	IVI EXI EIVE	II OILEO		PAGE 46 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	M / D D / Y D Y D
	Z 11011 10p			
Full Name of Payee David M Bozeman			Date of I	
Mailing Address 768 Pine Haven Drive			Amount	
City	State	Zip Code		3.00
Fayetteville	NC	28306		tion ID: d5a11830-7468-4a5d-a Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	NC NC
Calendar Year-To-Date Per Election for Office Sought	9 9	296206.99	Disbursement F 2014 Othe	or: Primary ⊠ General  er (specify) ▶
Full Name of Payee Tracy M Hargett			Date of	Public Distribution/Dissemination
Mailing Address 5133 Lord Bryon Road			09	
			Amount	
City	State	Zip Code		60.00
Wilmington	NC	28405	Transacti Date of	ion ID: 65c3e0ba-ad2e-4423-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 09	0 10 7 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	-
Calendar Year-To-Date Per Election for Office Sought	-,,	296206.99	Disbursement F 2014 Othe	For: Primary General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures			63.00
(a) CODITO IN LONDESCO INCOPORTAGINE EXPONDE	u100			7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•	7 7 7
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	9 09	12 2014
Signature		_		

		F	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDE	NTIFICATION NUMBER ▼
۷۷	omen Speak Out PAC	C	00530766
Che	eck if 24-hour report X 48-hour report New report Amends report filed	on M M /	D   D   /   Y   Y   Y   Y
Т	Full Name of Payee	Date of Public I	Distribution/Dissemination
	Tracy M Hargett	M M / 09	10 / 2014
	Mailing Address 5133 Lord Bryon Road	Amount	
ŀ	City State Zip Code		18.30
	Wilmington NC 28405		: 29417f44-0f4a-4308-a sement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	09	10 / 2014
ı	Name of Federal Candidate Support Office	Sought:	House District: 00
	Ms. Kay Hagan Oppose	President X	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbur 296206.99  Disbur 2014	sement For: Other (spec	Primary General
ŀ	Full Name of Payee		Distribution/Dissemination
	Lisa Booth	Man / 09	10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1434 South Avenue	Amount	
ŀ	City State Zip Code		100.00
	Eden NC 27288		: af64f70f-4b84-4d94-9 sement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	09	10 / 2014
ľ	Name of Federal Candidate Support Office	Sought:	House District: 00
	Ms. Kay Hagan Oppose	President X	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	sement For: Other (spec	Primary
(	a) SUBTOTAL of Itemized Independent Expenditures		118.30
(	b) SUBTOTAL of Unitemized Independent Expenditures		7
(	c) TOTAL Independent Expenditures	7	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not many vith, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date 09	M / D D D 12	2014
	Signature		

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OF

Schedule E)	AT ENDITOTIES	PAGE 48 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed	on M = M / D = D / Y = Y = Y
Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination
Mailing Address 1434 South Avenue		M 09 / D D / Y 2014
Jest 1404 Outil Avenue	_	Amount
City		12.00
Eden NO	27288	Transaction ID: f01da03d-6157-4916-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	M 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	e Sought: House District: 00
Ms. Kay Hagan	Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	296206.99 Disbut 2014	rsement For: Primary X General  Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Shelbi L Randall		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 202 East Park Ave Apt 40		09 10 2014
202 Lασί Γαϊκ Ανό Αρί 40		Amount
City	te Zip Code	30.00
Searcy Al	R 72143	Transaction ID : fee48cd0-ff9c-422c-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 / 10 / Y Y Y Y
Name of Federal Candidate	Support Office	e Sought: House District: 00
Mr. Mark L Pryor	Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	86346.26 Disbu	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	·····	42.00
(b) SUBTOTAL of Unitemized Independent Expenditures.	·····	
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of eithe	
Ms. Emily Buchanan	[Electronically Filed] Date	9 12 2014
Signature		

Schedule E)	II EXI END	TI OTILO		PAGE 49 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	M / D D / Y D Y D Y
Full Name of Payee Shelbi L Randall			M	Public Distribution/Dissemination
Mailing Address 202 East Park Ave Apt 40			Amount	10 2014
City	State	Zip Code		26.16
Searcy	AR	72143		ction ID : 5f1f3949-7b27-484b-a Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		09 / 10 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	Presider	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		86346.26	Disbursement 2014 Oth	For: Primary General ner (specify) ▶
Full Name of Payee	_		Date of	Public Distribution/Dissemination
Clay A McCreary				09 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1762 Orchard Drive				09 10 2014
			Amoun	t
City	State	Zip Code		40.00
Lenoir	NC	28645	Transac Date of	tion ID: 05ed6d18-3018-40dc-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		9 10 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	7 7	296206.99	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditur	es		▶	66.16
(b) SUBTOTAL of Unitemized Independent Expendi	tures		·· •	7 7 5
(c) TOTAL Independent Expenditures			· •	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid- party committee) any political party committee or its	ate or authorize			
Ms. Emily Buchanan	[Electron	nically Filed] Date	e 09 /	12 / 2014
Signature				

Schedule E)	PAGE 50 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends	s report filed on
Full Name of Payee Clay A McCreary	Date of Public Distribution/Dissemination
Mailing Address 1762 Orchard Drive	09 10 2014  Amount
City State Zip Code	28.50
Lenoir NC 28645	Transaction ID : b5e363b6-5376-4d46-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type	002 09 / 09 / 2014
Name of Federal Candidate Supp	oort Office Sought: House District: 00
Ms. Kay Hagan Oppo	
Calendar Year-To-Date Per Election for Office Sought 296206.99	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Brooke A Gilham  Mailing Address 168 Graduate Lane Apt 324	Date of Public Distribution/Dissemination
100 Gradatic Earle / pt 624	Amount
City State Zip Code Boone NC 28607	Transaction ID : 1fd0daea-3a0b-4848-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type	001
Name of Federal Candidate Supp	port Office Sought: House District: 00
Ms. Kay Hagan Oppo	OSE President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 296206.99	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	113.50
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or ac party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 09 12 2014
Signature	

### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	VI EXI END	ITOTILO	<b>⊢</b>	PAGE 51 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D   D / Y   Y   Y   Y
Full Name of Payee Brooke A Gilham				Distribution/Dissemination
			09	10 / 2014
Mailing Address 168 Graduate Lane Apt 324			Amount	
City	State	Zip Code		33.60
Boone	NC	28607		: fb2cf492-f9b8-43c3-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	10 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	;	296206.99	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Jeremy Hollar			M M /	10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 121 Meadowview Drive			Amount	
City	State	Zip Code		20.00
Boone	NC	28607		: 3e0719b7-d7f4-4586-a sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	10 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	296206.99	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	res		<b>•</b>	53.60
(b) SUBTOTAL of Unitemized Independent Expendent	litures		<b>•</b>	
			4	4 4
(c) TOTAL Independent Expenditures			<b>)</b>	4
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 / 12	2014
- 3				

Schedule E)	EXI END			PAGE 52 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee Jeremy Hollar			M	
Mailing Address 121 Meadowview Drive			Amount	9 10 2014
City	State	Zip Code		30.60
Boone	NC	28607		ction ID: 7734470c-78f6-4df7-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought	2	296206.99	Disbursement I 2014 Oth	For: Primary X General er (specify) ▶
Full Name of Payee Tylan S Green  Mailing Address 2320 Saint Nick Dr			М	Public Distribution/Dissemination
2320 Saint Nick Dr			Amount	
City	State	Zip Code		60.00
New Orleans	LA	70131	Transact Date of	tion ID: 9b40c5e1-b535-45ee-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		9 10 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presiden	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		114478.53	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				90.60
(b) SUBTOTAL of Unitemized Independent Expenditure	res		. —	
(a) account of one of the machine of the contract of the contr			•	77- 77- 77-
(c) TOTAL Independent Expenditures			· .	4
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	e or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date		12 2014
Signature		_		

Schedule E)	511-6112-6	PAGE 53 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New re	eport Amends report fil	led on Man / Dab / Yayayay
Full Name of Payee Tylan S Green		Date of Public Distribution/Dissemination
Mailing Address 2320 Saint Nick Dr		09 10 2014 Amount
		Allount
City State	Zip Code	13.50
New Orleans LA	70131	Transaction ID : 68c77b69-edef-4c56-b  Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Of	fice Sought: House District:00
Ms. Mary L Landrieu	Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	114478.53 Dis	sbursement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Vonniqua Jackson		M M / D D / Y Y Y Y
Mailing Address 111 Westchester Blvd		09 10 2014 Amount
Apt D4		
City State Slidell LA	Zip Code 70458	Transaction ID : b6d35166-476d-49fe-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 10 2014
Name of Federal Candidate	Support Of	ffice Sought: House District:00
Ms. Mary L Landrieu	Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary X General  Other (specify) ▶
_		
(a) SUBTOTAL of Itemized Independent Expenditures	·····	63.50
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
	onically Filed] Date	09 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Scl	hedule E)	-/(I bite.	101120				PAGE 54 OF 78 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
۷V	omen Speak Out PAC					С	C00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort Am	nends repo	ort filed on	M = M /	/ D = D / Y = Y = Y
T	Full Name of Payee Brenda L McCune				Date	M = M	c Distribution/Dissemination
-	Mailing Address 1254 Fleming St Apt 6				Amo	09 ount	10 2014
-	City St	tate	Zip Code				75.00
			72032				ID: 6aecb33b-401c-4f5e-a ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		M 09	10 2014
1	Name of Federal Candidate		<u>'</u>	Support	Office Soug	nht:	House District: 00
	Mr. Mark L Pryor			Oppose	Presi	· _	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		86346.26		Disburseme 2014	ent For: Other (sp	Primary
	Full Name of Payee Brenda L McCune  Mailing Address 1254 Fleming St Apt 6				Date	of Publi	ic Distribution/Dissemination
Ĭ	Mailing Address 1254 Fleming St Apt 6				Amo	ount	
	City St	State	Zip Code				39.00
	Conway A Purpose of Expenditure	AR	72032		Trans Date	of Disbu	D: 0079d89f-2f28-4ba1-9 ursement or Obligation
	Mileage		Category/ Type	002		M M M	10 / 2014
Ī	Name of Federal Candidate			Support	Office Sou	ght:	House District: 00
	Mr. Mark L Pryor		X	Oppose	Presi	dent	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		86346.2	:6	Disburseme 2014	ent For: Other (sp	Primary
(6	a) SUBTOTAL of Itemized Independent Expenditures				• [	1 7	114.00
(I	b) SUBTOTAL of Unitemized Independent Expenditures	S					
(0	c) TOTAL Independent Expenditures		<i>.</i>		· -		
W	Under penalty of perjury I certify that the independent exith, or at the request or suggestion of, any candidate of earty committee) any political party committee or its age	or authorized					
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	9 09	12	2014
	Signature						

Women Speak Out PAC  C coos30766	outcaute Ly						FOR SE OF	FORM 24/48
Check if	NAME OF COMMITTEE (In Full)					FEC	DENTIFICATION	N NUMBER ▼
Full Name of Payee Ralph Smith  Mailing Address 2090 Fancy Gap Rd  City State Zip Code N.C 27030  Name of Federal Candidate Ms. Kay Hagan  City State 299026.99  Full Name of Payee Ralph Smith  Mailing Address 2090 Fancy Gap Rd  Category' 001  Full Name of Payee Ralph Smith  Mailing Address 2090 Fancy Gap Rd  Category' 001  Name of Federal Candidate  Support Office Sought: House District: 00  President Senate State: NC  Category' 001  Full Name of Payee Ralph Smith  Mailing Address 2090 Fancy Gap Rd  City State Zip Code Ms. Kay Hagan  City State Zip Code Ms. Kay Hagan  City State Zip Code Ms. Kay Hagan  Category' 002  Name of Federal Candidate  Ms. Kay Hagan  Category' 002  Name of Federal Candidate  Ms. Kay Hagan  Category' 002  Name of Federal Candidate Ms. Kay Hagan  Category' 002  Name of Federal Candidate Ms. Kay Hagan  Category' 002  Name of Federal Candidate Ms. Kay Hagan  Category' 002  Name of Federal Candidate Ms. Kay Hagan  Category' 002  Name of Federal Candidate Ms. Kay Hagan  Category' 002  Name of Federal Candidate Ms. Kay Hagan  Category' 002  Name of Federal Candidate Ms. Kay Hagan  Category' 002  Name of Federal Candidate Ms. Kay Hagan  Category' 002  Name of Federal Candidate Ms. Kay Hagan  Category' 002  Name of Federal Candidate Ms. Kay Hagan  Category' 002  Name of Federal Candidate Ms. Kay Hagan  Category' 002  Name of Federal Candidate Ms. Kay Hagan  Category' 002  Name of Federal Candidate Ms. Kay Hagan  Category' 002  Name of Federal Candidate Ms. Kay Hagan  Category' 002  Name of Federal Candidate Ms. Kay Hagan  Category' 002  Name of Federal Candidate Ms. Kay Hagan  Category' 002  Name of Federal Candidate Ms. Kay Hagan  N	women Speak Out PAC					C	C00530766	
Ralph Smith  Mailing Address 2090 Fancy Gap Rd  City State Zip Code Mt. Airy NC 27030  Purpose of Expenditure Salary  Name of Federal Candidate Separation (Collegation Per Election for Office Sought NC 27030  Full Name of Payee Ralph Smith  Mailing Address 2090 Fancy Gap Rd  City State Zip Code President Senate State: NC 2014  Mt. Airy NC 27030  Disbursement For: Primary General 2014  Amount  City State Zip Code Disbursement for Collegation Senate State: NC 2014  Mt. Airy NC 27030  Name of Pederal Candidate  Mt. Airy State Zip Code NC 27030  Name of Federal Candidate  Mt. Airy NC 27030  Name of Federal Candidate  Ms. Kay Hagan  Name of Federal Candidate  Ms. Kay Hagan  Category Nype 002  Name of Federal Candidate  Ms. Kay Hagan  Category Oppose  Calendar Year-To-Date Per Election for Office Sought  Category Oppose  Calendar Year-To-Date Per Election for Office Sought  Amount  Transaction ID: 544ces194054911111a  Date of Dubic District: 00  Transaction ID: 544ces19405491111a  Transaction ID: 544ces19405491111a  Date of Dubic District: 00  Transaction ID: 54ces19405491111a  Date of Dubic District: 00  Transaction ID: 54ces194054911  Amount  Transaction ID: 54ces19405491111a  Date of Dubic District: 00  Transaction ID: 54ces194054911  Amount  Transaction ID: 54ces19405491111a  Date of Dubic District: 00  Transaction ID: 54ces1940549111a  Date of Dubic District: 00  Transaction ID: 54ces194054911  Date of Dubic District: 00  Transaction ID: 54ces194054911  Amount  Transaction ID: 54ces19405491  Transaction ID: 54ces1940	Check if 24-hour report X 48-hour report	New repor	rt Am	iends repo	rt filed or		/ D D /	Y Y Y
Mailing Address 2090 Fancy Gap Rd  City State Zip Code Mt. Airy NC 27030  Transaction ID : d44cea19-id39-4111-a Date of Disbursement or Obligation  Mailing Address 2090 Fancy Gap Rd  Category/ Qo1  Name of Federal Candidate Support Mt. Senate State: NC  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee  Ralph Smith  Mailing Address 2090 Fancy Gap Rd  City State Zip Code  Mt. Airy NC 27030  Purpose of Expenditure  Mileage Transaction ID : d44cea19-id39-4111-a Date of Disbursement or Obligation  Transaction ID : d44cea19-id39-4111-a Date Office Sought: House District: 00  President Senate State: NC Disbursement For: Primary General  Office Sought: House District: 00  Amount  Transaction ID : 55ac65a-94a9-4656-8 Date of Disbursement or Obligation  Og 10 2014  Amount  City State Zip Code  Mt. Airy NC 27030  Transaction ID : 55ac65a-94a9-4656-8 Date of Disbursement or Obligation  Og 10 2014  Amount  Category/ Og2  Furpose of Expenditure  Mileage Support Office Sought House District: 00  President Senate State: NC  Disbursement For: Primary General  Purpose of Expenditure Senate State: NC  Calendar Year-To-Date Senate State: NC  Calendar Year-To-Date Senate State: NC  Disbursement For: Primary General  Purpose of Expenditure Senate State: NC  Disbursement For: Primary General  Purpose of Expenditure Senate State: NC  Disbursement For: Primary General  Purpose of Expenditure Senate State: NC  Disbursement For: Primary Senate Senate State: NC  Disbursement For: Primary Senate Senate State: NC  Disbursement For: Primary Senate S					С	Date of Pub	lic Distribution/	Dissemination
City State Zip Code Mt. Airy NC 27030    Name of Expenditure   Support   Senate   State   Sta	·							
Mt. Airy    NC   27030   Transaction ID : d44cea19-fd39-4111-a   Date of Disbursement or Obligation	Mailing Address 2090 Fancy Gap Rd				Δ	Amount		
Mt. Airy    NC   27030   Transaction ID : d44cea19-fd39-4111-a   Date of Disbursement or Obligation	City	State Z	Zip Code					105.00
Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Purpose of Expenditure Mileage  Name of Pederal Candidate  Support  Office Sought: House District:  OD President X Senate State: NC Calendar Year-To-Date Per Election for Office Sought  Purpose of Expenditure Mileage  NC Category/ Type  ODate of Public Distribution/Dissemination  Oppose  Date of Public Distribution/Dissemination  Oppose  Date of Public Distribution/Dissemination  Oppose  Transaction ID: b5acb63e-84a9-46b6-8 Date of Disbursement or Obligation  Oppose  Office Sought:  House District: OD Ms. Kay Hagan  NC Category/ Type  OO2  Oppose  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Oppose  Oppose  Oppose  Oppose  Office Sought: House District: OD President X Senate State: NC Disbursement For: Disbursement For: Disbursement For: Disbursement For: Disbursement For: Disbursement For: Opinary Other (specify) P  Id-Quit Amount  Id-Qu		NC :	27030					
Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Per Election for Office Sought  Full Name of Payee Ralph Smith  Mailing Address 2090 Fancy Gap Rd  City State Zip Code Mt. Airy NC 27030  Purpose of Expenditure Mileage Category/ Mileage Calendar Year-To-Date Per Election for Office Sought  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Dat				001		M M	/ D D /	Y Y Y Y
Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Ralph Smith  Mailing Address 2090 Fancy Gap Rd  City State City NC 27030  Purpose of Expenditure Mileage  Name of Federal Candidate Mileage  Name of Federal Candidate Mileage  Category/ Type  Calendar Year-To-Date Per Election for Office Sought	Name of Federal Candidate			Support	Office S	ought:	House	District: 00
Per Election for Office Sought  Per Election for Office Sought  Pull Name of Payee Ralph Smith  Mailing Address 2090 Fancy Gap Rd  City State Zip Code Mt. Airy NC 27030  Purpose of Expenditure Mileage  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  [Electronically Filed]  Date  Other (specify)  Date of Disbursement For:  Transaction ID: b5acb63e-84a9-46b6-8  Date of Disbursement or Obligation  Transaction ID: b5acb63e-84a9-46b6-8  Date of Disbursement or Obligation  Transaction ID: b5acb63e-84a9-46b6-8  Date of Disbursement or Obligation  Og 10 10 2014  Transaction ID: b5acb63e-84a9-46b6-8  Date of Disbursement or Obligation  Og 10 10 2014  Transaction ID: b5acb63e-84a9-46b6-8  Date of Disbursement or Obligation  Transaction ID: b5acb63e-84a9-46b6-8  Date of Disbursement or Obligation  Og 10 10 2014  Transaction ID: b5acb63e-84a9-46b6-8  Date of Disbursement or Obligation  Og 10 10 2014  Transaction ID: b5acb63e-84a9-46b6-8  Date of Disbursement or Obligation  Og 10 10 2014  Transaction ID: b5acb63e-84a9-46b6-8  Date of Disbursement or Obligation  Og 10 10 2014  Transaction ID: b5acb63e-84a9-46b6-8  Date of Disbursement or Obligation  Og 10 10 2014  Transaction ID: b5acb63e-84a9-46b6-8  Date of Disbursement or Obligation  Og 10 10 2014  Transaction ID: b5acb63e-84a9-46b6-8  Date of Disbursement or Obligation  Og 10 10 2014  Transaction ID: b5acb63e-84a9-46b6-8  Date of Disbursement or Obligation  Og 10 10 2014  Transaction ID: b5acb63e-84a9-46b6-8  Date of Disbursement or Obligation  Og 10 10 2014  Transaction ID: b5ac	Ms. Kay Hagan		X	Oppose	Pi	resident	X Senate	State: NC
Full Name of Payee Ralph Smith  Mailing Address 2090 Fancy Gap Rd  City State Zip Code Mt. Airy NC 27030  Purpose of Expenditure Mileage Category/ 1002  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date Obter (public Distriction) Date op 10 10 10 10 10 10 10 10 10 10 10 10 10		29	6206.99					X General
Ralph Smith  Mailing Address 2090 Fancy Gap Rd  City State Zip Code Mt. Airy NC 27030  Purpose of Expenditure Mileage Category/ Name of Federal Candidate Ns. Kay Hagan Support Office Sought: House District: 00 Ms. Kay Hagan Support Office Sought: House District: 00 Ms. Kay Hagan Support Office Sought: House District: 00 Ms. Kay Hagan Support Office Sought: House District: 00 Ms. Kay Hagan Support Office Sought: House District: 00 Ms. Kay Hagan Support Office Sought: House District: 00 Ms. Kay Hagan Support Office Sought: House District: 00 Ms. Kay Hagan Support Office Sought: House District: 00 Ms. Kay Hagan Support Office Sought: House District: 00 Ms. Kay Hagan Support Office Sought: House District: 00 Ms. Kay Hagan Support Office Sought: House District: 00 Ms. Kay Hagan Support Support State: NC  Calendar Year-To-Date Per Election for Office Sought State: NC  Calendar Year-To-Date Office Sought: House District: 00  Other (specify) State: NC  Other (specify) State: NC  In Calendar Year-To-Date Office Sought: House District: NC  Other (specify) State: NC  Other (specify) State: NC  In Calendar Year-To-Date Office Sought: House District: NC  Other (specify) State: NC  Other (specify) State: NC  In Calendar Year-To-Date Office Sought: House District: NC  Other (specify) State: NC  Other (specify) State: NC  In Calendar Year-To-Date Office Sought: House District: NC  Other (specify) State: NC  Other (specify) State: NC  In Calendar Year-To-Date Office Sought: House District: NC  Other (specify) State: NC  Other (specify) State: NC  Other (specify) State: NC  In Calendar Year-To-Date Office Sought: House District: NC  Other (specify) State: NC  Other (specify) State: NC  Other (specify) Stat					L	Other (s	specify)	
Mailing Address 2090 Fancy Gap Rd  Amount  City State Zip Code Mt. Airy NC 27030  Purpose of Expenditure Mileage  Category/ Type 002  Name of Federal Candidate State State State State State: NC Oppose President State: NC Oppose  Calendar Year-To-Date Per Election for Office Sought 296206.99  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.    Ms. Emily Buchanan   Electronically Filed   Date   Date						M = M	/ D D /	Y   Y   Y   Y
Mt. Airy  NC  27030  Transaction ID: b5acb63e-84a9-46b6-8 Date of Disbursement or Obligation  Purpose of Expenditure Mileage  Category/ Type  O02  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date President  Calendar Year-To-Date President  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date President  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date President  Cal	Mailing Address 2090 Fancy Gap Rd						10	2014
Mt. Airy  NC  27030  Transaction ID: b5acb63e-84a9-46b6-8 Date of Disbursement or Obligation  Purpose of Expenditure Mileage  Category/ Type  O02  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date President  Calendar Year-To-Date President  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date President  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date President  Cal								1 1 1 1 1 1
Purpose of Expenditure Mileage    Category/ Type   002   09			•		Tr	ansaction	ID : b5acb63e-	84a9-46b6-8
Name of Federal Candidate  Ms. Kay Hagan     Support   Office Sought:   House   District:   00			Category/	002	<b>-</b>   '	M = M	/ D D /	YYYY
Ms. Kay Hagan    Calendar Year-To-Date   President   Senate   State: NC	Mileage		Type	002		09	10	2014
Calendar Year-To-Date Per Election for Office Sought  296206.99  Disbursement For: Primary General 2014  Other (specify)  (a) SUBTOTAL of Itemized Independent Expenditures	Name of Federal Candidate			Support	Office S	Sought:	House	District: 00
Per Election for Office Sought  296206.99  Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures	Ms. Kay Hagan		X	Oppose	Р	resident	X Senate	State: NC
(b) SUBTOTAL of Unitemized Independent Expenditures			296206.9	9		_		X General
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date  Date	(a) SUBTOTAL of Itemized Independent Expenditures				•			144.24
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date	(b) SUBTOTAL of Unitemized Independent Expenditure	s		•••••	•			
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date	(c) TOTAL Independent Expenditures				•			
[Electronically Filed] Date 09 12 2014	with, or at the request or suggestion of, any candidate of	or authorized						
- Butto	Ms. Emily Buchanan	[Electronic	ally Filed]	Date				
	Signature							

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OF

### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	INT EXTEND	ITOTILO		56 OF 78 OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICA	TION NUMBER ▼
Women Speak Out PAC			C C0053076	6
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	t filed on	/ Y = Y = Y = Y
Full Name of Payee			Date of Public Distributi	on/Dissemination
Shanon Snyder			M M / D D D 10	2014
Mailing Address 2701 Winifred			Amount	
City	State	Zip Code		80.00
Metairie	LA	70003	Transaction ID : b082b Date of Disbursement of	
Purpose of Expenditure Salary		Category/ Type 001	09 / 10	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Ms. Mary L Landrieu		X Oppose	President X Senate	State: LA
Calendar Year-To-Date Per Election for Office Sought		114478.53	Disbursement For: Prima 2014 Other (specify) ▶ _	ary X General
Full Name of Payee			Date of Public Distributi	ion/Dissemination
Shanon Snyder			09 / D D D 10	2014
Mailing Address 2701 Winifred			Amount	
City	State	Zip Code		10.50
Metairie	LA	70003	Transaction ID: 35d753 Date of Disbursement of	
Purpose of Expenditure Mileage		Category/ Type 002	09 / 10	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Ms. Mary L Landrieu		X Oppose	President Senate	State: LA
Calendar Year-To-Date Per Election for Office Sought		114478.53	Disbursement For: ☐ Prim 2014 ☐ Other (specify) ▶ _	ary X General
(a) SUBTOTAL of Itemized Independent Expend	tures			90.50
(b) SUBTOTAL of Unitemized Independent Expe	nditures		<b>&gt;</b>	
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		Y Y Y Y 2014
5.g. a.a.				

,			FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PA	4C		C C00530766
Check if 24-hour report	X 48-hour report New rep	ort Amends report f	iled on Mam / Dad / Yayayay
Full Name of Payee			Date of Public Distribution/Dissemination
Francis Richardson			09 10 2014
Mailing Address 220 Doucet	Rd		Amount
City	State	Zip Code	30.00
Lafayette	LA	70503	Transaction ID: 7d402887-a1dc-4424-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 10 / 2014
Name of Federal Candidate		Support O	ffice Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office S	Sought		isbursement For: Primary
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination
Mailing Address			09 10 2014
Mailing Address 220 Doug	et Rd		Amount
City	State	Zip Code	3.30
Lafayette	LA	70503	Transaction ID: 061aa5c1-02c8-4ab3-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 10 / 2014
Name of Federal Candidate		Support C	office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office S	Sought		isbursement For:
(a) SUBTOTAL of Itemized In	dependent Expenditures		33.30
(b) SUBTOTAL of Unitemized	I Independent Expenditures		
(c) TOTAL Independent Expe	nditures	······································	
	gestion of, any candidate or authorized		made in cooperation, consultation, or concert ther, or (if the reporting entity is not a political
Ms. Emily Buchand		ically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

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OF

Schedule E)	PAGE 58 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	of Public Distribution/Dissemination
	09 10 7 2014
Mailing Address 2329 Runnymede Dr Amou	unt
City State Zip Code	50.00
***************************************	saction ID: 39ce51ec-a729-4467-a of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	09 / 10 / 2014
Name of Federal Candidate Support Office Sough	ht: House District: 00
Ms. Mary L Landrieu Presid	dent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2014	nt For:
	of Public Distribution/Dissemination
Amelia Brackett	M - M / D - D / Y - Y - Y - Y - Y - Y - Y - Y - Y - Y
Mailing Address 804 Roundabout Circle	09 10 2017
Amou	unt
City State Zip Code	80.00
Date	action ID: 91593ac9-e888-4d32-a of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	09 / 10 / 2014
Name of Federal Candidate Support Office Soug	ht: House District: 00
Mr. Mark L Pryor Oppose Presid	
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2014	ent For: Primary X General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	130.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 4
(c) TOTAL Independent Expenditures	7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 09	12 2014
Signature	

<b>,</b>						FOR SE OF	FORM 24/48
NAME OF COMMITTEE (In Full)					FEC II	DENTIFICATION	ON NUMBER ▼
Women Speak Out PAC					C	C00530766	
Check if 24-hour report X 48-hour report	New repo	ort Am	nends repo		M = M	/ D T D /	Y I Y I Y
Full Name of Payee				Date	of Publi	ic Distribution/	Dissemination
Dwayne G Johnson					M M M	10	2014
Mailing Address 1700 N Hughes St Apt 17				Amor	unt		
City	State	Zip Code					80.00
Little Rock	AR	72207				ID: 636ae9b9 ursement or C	
Purpose of Expenditure Salary		Category/ Type	001	] [	09	10	2014
Name of Federal Candidate			Support	Office Soug	ht:	House	District: 00
Mr. Mark L Pryor		X	Oppose	Presid	lent [	X Senate	State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	86346.26		Disburseme 2014		Primary	X General
Full Name of Payee Dwayne G Johnson							/Dissemination 2014
Mailing Address 1700 N Hughes St Apt 17				Amo	unt		
City	State	Zip Code					43.50
Little Rock	AR	72207				D: e5e2b83f- oursement or C	
Purpose of Expenditure Mileage		Category/ Type	002	] [	09	10	2014
Name of Federal Candidate			Support	Office Soug	ht:	House	District:00
Mr. Mark L Pryor		X	Oppose	Presid	dent [	X Senate	State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	86346.2	6	Disburseme 2014		Primary	
(a) SUBTOTAL of Itemized Independent Expenditures	3				-	7	123.50
(b) SUBTOTAL of Unitemized Independent Expenditure	res			•		7	
(c) TOTAL Independent Expenditures				· [	7	7	
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its at	e or authorized						
Ms. Emily Buchanan	[Electroni	ically Filed]	Date	M M /	12	/ Y Y 201	
Signature							

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OF

Sche	edule E)	<b>L</b> /(1 <b>L</b> (1).	101120		-	PAGE 60 OF 78 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)					NTIFICATION NUMBER ▼
Wor	men Speak Out PAC				Cc	00530766
Check	if 24-hour report X 48-hour report	X New repo	ort Amends rep	port filed on	M = M /	D = D / Y = Y = Y
	ull Name of Payee Chris D King			Date	of Public	Distribution/Dissemination
Ma	ailing Address 1700 N Hughes St Apt 17			Amo	09	10 2014
		01-1-	Zin Onda			20.00
Cit Li	ittle Rock	State AR	Zip Code 72207			80.00 : ee347696-03e2-497a-a sement or Obligation
	urpose of Expenditure Salary		Category/ Type 001		09 /	10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Na	ame of Federal Candidate		Support	Office Soug	nht:	House District: 00
М	Ir. Mark L Pryor		X Oppose	Presi		
	Calendar Year-To-Date Per Election for Office Sought		86346.26	Disburseme 2014	ent For:	Primary
K	ll Name of Payee Kaitlyn B Morgan			Date	e of Public	Distribution/Dissemination
Ma	ailing Address 2121 Daniel Dr			Amo	ount	
Ci	.ty :	State	Zip Code			80.00
	Searcy	AR	72143	Trans Date	saction ID : e of Disburs	: afcc1d98-5552-47b9-a sement or Obligation
	urpose of Expenditure Salary		Category/ Type 001		09	10 / 2014
Na	ame of Federal Candidate		Support	Office Sou	ght:	House District: 00
М	1r. Mark L Pryor		X Oppose	Presi	ident X	
	Calendar Year-To-Date Per Election for Office Sought		86346.26	Disburseme 2014	ent For: Other (spe	Primary
(a)	SUBTOTAL of Itemized Independent Expenditures.			<b>,</b> [	-7	160.00
(b)	SUBTOTAL of Uniternized Independent Expenditure	es				7 1 7
(c)	TOTAL Independent Expenditures			··· <b>·</b>	- 7	4
with	der penalty of perjury I certify that the independent n, or at the request or suggestion of, any candidate ty committee) any political party committee or its ag	or authorized				
_	Ms. Emily Buchanan	[Electron:	ically Filed] Dai	te 09	12	2014
	Signature					

Sch	edule E)	<b>L</b> /(1 <b>L</b> /(2)	101120		PAGE 61 OF 78 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC				C C00530766
Check	k if 24-hour report X 48-hour report	New repo	ort Amends	report filed	d on
	Full Name of Payee Kaitlyn B Morgan				Date of Public Distribution/Dissemination
M	Mailing Address 2121 Daniel Dr				09 10 2014 Amount
	<del></del>	<u> </u>			50.40
	City Searcy	State AR	Zip Code 72143		59.40  Transaction ID : 3e67383a-5455-4df7-a  Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002	Date of Disbursement of Obligation  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	lame of Federal Candidate		Suppo	ort Offic	e Sought: House District: 00
N	Mr. Mark L Pryor		X Oppos		President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		86346.26	Disbu 2014	ursement For:  Primary
	Full Name of Payee ERIC TABARY				Date of Public Distribution/Dissemination
N	Mailing Address 6101 NORA ST				09 10 2014 Amount
С	Dity	State	Zip Code		65.00
	METAIRIE	LA	70003		Transaction ID : 0614edea-7423-4281-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001	09 / 10 / 2014
N	Name of Federal Candidate		Suppo	ort Offic	ee Sought: House District: 00
	Ms. Mary L Landrieu		X Oppos	se	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	<u>, , , , , , , , , , , , , , , , , , , </u>	114478.53	Disb 2014	oursement For: Primary General  Other (specify)   Other
(a)	) SUBTOTAL of Itemized Independent Expenditures	\$		······ <b>&gt;</b>	124.40
(b)	) SUBTOTAL of Unitemized Independent Expenditur	res		······ <b>&gt;</b>	
(c)	) TOTAL Independent Expenditures			······ <b>&gt;</b>	
witl	nder penalty of perjury I certify that the independent th, or at the request or suggestion of, any candidate rty committee) any political party committee or its a	e or authorized			
	Ms. Emily Buchanan	[Electron	cically Filed]	Date 0	09 12 2014
	Signature				

Schedule E)		PAGE 62 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed on	= M / D = D / Y = Y = Y
Full Name of Payee ERIC TABARY		of Public Distribution/Dissemination
Mailing Address 6101 NORA ST		09 10 2014
	Amou	nt
City State Zip Coc		2.40
METAIRIE LA 70003		action ID: 46a3aaf0-b303-434f-8 of Disbursement or Obligation
Purpose of Expenditure Mileage  Category T	ory/ /pe 002	09 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sough	t: House District: 00
Ms. Mary L Landrieu	C Oppose Preside	
Calendar Year-To-Date Per Election for Office Sought	Disbursemen 2014	rt For: Primary X General
Full Name of Payee		of Public Distribution/Dissemination
Chris McCoy	Γ.	09 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1025 Cayley Ct		
	Amou	ınt
City State Zip Coo		75.00
High Point NC 27260	<b>Transa</b> Date	of Disbursement or Obligation
Purpose of Expenditure Salary  Category T		09 10 / 2014
Name of Federal Candidate	Support Office Sough	nt: House District: 00
Ms. Kay Hagan	C Oppose Presid	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 29620	Disbursemer 2014	nt For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	······	77.40
(b) SUBTOTAL of Unitemized Independent Expenditures		7
(c) TOTAL Independent Expenditures	· ·	7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized commit party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically Fil.	ed] Date 09	12 2014
Signature		

Schedule E)				PAGE 63 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Chris McCoy			M = M	
Mailing Address 1025 Cayley Ct			Amount	10 2014
City	State	Zip Code		17.70
High Point	NC	27260		on ID : 7a5a45a7-555b-4b9c-b isbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	2	296206.99	Disbursement Fo 2014 Other	r: Primary X General (specify) ▶
Full Name of Payee Danielle McCoy  Mailing Address 1025 Cayley Ct			Date of Prince O	ublic Distribution/Dissemination
Mailing Address 1025 Cayley Ct			Amount	
City High Point	State NC	Zip Code 27260	Transactio	40.00 n ID : d402b534-cc35-4a0c-9
Purpose of Expenditure Salary		Category/ Type 001	Date of D	isbursement or Obligation
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	296206.99	Disbursement Fo 2014 Other	or:
(a) SUBTOTAL of Itemized Independent Expenditure	)S		<b>.</b>	57.70
(b) SUBTOTAL of Unitemized Independent Expendit	ures		•	4
(c) TOTAL Independent Expenditures			·	4
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		2014
Signature				

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on Amends report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Danielle McCoy	09 / 10 / Y Y Y Y Y Y
Mailing Address 1025 Cayley Ct	Amount
City State	Zip Code 14.40
High Point NC	27260 Transaction ID: 69399ba1-ee69-418a-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 09 / 10 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Eleanor McCoy  Mailing Address 4902 Catawba Dr	Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y  Amount
City State	e Zip Code 40.00
Greensboro NC	27407 Transaction ID : a46269c4-1404-41b7-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 09 10 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary X General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	54.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	<b>)</b>
	enditures reported herein were not made in cooperation, consultation, or concert authorized committee or agent of either, or (if the reporting entity is not a political
	[Electronically Filed] Date 09 12 2014
Signature	

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OF

Sch	nedule E)			PAGE 65 OF 78 FOR SE OF FORM 24/48
	IE OF COMMITTEE (In Full)			ENTIFICATION NUMBER ▼
W	omen Speak Out PAC		C	00530766
			M = M /	D = D / Y = Y = Y
_	ck if 24-hour report X 48-hour report New re	port Amends repor	t filed on	
	Full Name of Payee Eleanor McCoy		Date of Public	Distribution/Dissemination
	Mailing Address 4902 Catawba Dr		09 Amount	10 2014
			Amount	
ď	City State	Zip Code		14.70
	Greensboro NC	27407		c51a038e-d6df-4f4e-8 sement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	M 09 /	10 / 2014
ŀ	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Ms. Kay Hagan	Oppose	President X	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	296206.99	Disbursement For: [2014 Other (spe	Primary
Γ	Full Name of Payee		Date of Public	Distribution/Dissemination
1	John P Hilkert		M = M /	10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Mailing Address 7 Bards Lane		A	
1			Amount	
	City State	Zip Code		25.00
	Fletcher NC	28732	Transaction ID  Date of Disbur	: 801cc59d-50d9-4f81-b sement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	09	10 / 2014
ŀ	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Ms. Kay Hagan	Oppose	President X	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	296206.99	Disbursement For: 2014 Other (spe	Primary ☐ General
		'		
(a	a) SUBTOTAL of Itemized Independent Expenditures		<b>•</b>	39.70
(k	o) SUBTOTAL of Unitemized Independent Expenditures		<b>•</b>	7
(0	c) TOTAL Independent Expenditures		<b>&gt;</b>	
W	nder penalty of perjury I certify that the independent expenditure ith, or at the request or suggestion of, any candidate or authorize arty committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electro	onically Filed] Date	09 / 12	/ Y Y Y Y Y Y 2014
	Signature			

Schedule E)		7101120		PAGE 66 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee Brandon Wheeler	<u> </u>		M = M	blic Distribution/Dissemination
Mailing Address 10112 Piney Creek Ct			Amount	10 2014
City	State	Zip Code		50.00
Charolette	NC	28215		on ID: 4b8f6d84-3035-43d7-9 sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M 09	10 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		86346.26	Disbursement For 2014 Other	: Primary X General (specify) ▶
Full Name of Payee Brandon Wheeler			Date of Pu	ublic Distribution/Dissemination
Mailing Address 10112 Piney Creek Ct			Amount	
City	State	Zip Code	—   F	38.10
Charolette	NC	28215	Transaction Date of Di	n ID : ec4c036c-f32b-4bd9-a sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 09	10 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		86346.26	Disbursement For 2014 Other	r:
(a) SUBTOTAL of Itemized Independent Expendit	ures		<b>•</b>	88.10
(b) SUBTOTAL of Unitemized Independent Exper	nditures		·	7 1 1 7 1 1 4 1
(c) TOTAL Independent Expenditures			<b>&gt;</b>	77
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candragerty committee) any political party committee or	lidate or authorize			
Ms. Emily Buchanan	[Electro	nically Filed] Date	9 09 / 12	
Signature				

Schedule E)	-/	01120		PAGE 67 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	X New report	Amends repor	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee Mr. Roger McKinney			M	
Mailing Address 308 West Main Street			Amount	9 10 2014
City St	tate Zi	ip Code		112.50
		7041		ction ID: e498baf7-43e7-448a-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	9 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	296	6206.99	Disbursement 2014 Oth	For: Primary X General er (specify) ▶
Full Name of Payee Mr. Roger McKinney  Mailing Address 308 West Main Street			M	Public Distribution/Dissemination
City	tate Z	ip Code		27.51
Pilot Mountian		27041	Transac Date of	tion ID : 8ad61f57-4b46-49bc-a Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		9 10 7 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	Presider	state: NC State: NC
Calendar Year-To-Date Per Election for Office Sought		296206.99	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			<b>•</b>	140.01
(b) SUBTOTAL of Unitemized Independent Expenditures	3		•	7
(c) TOTAL Independent Expenditures			<b>.</b>	7
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its ager	or authorized c			
Ms. Emily Buchanan	[Electronica	ally Filed] Date	M M / 09	12 2014
Signature				

### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 68 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed of	on M = M / D = D / Y = Y = Y = Y
Full Name of Payee Glenda McKinney	Date of Public Distribution/Dissemination
Mailing Address 308 West Main Street	09 10 2014 Amount
	Transaction ID : 7c84eec0-7c2c-4a10-b
Purpose of Expenditure Salary  Category/ Type 001	Date of Disbursement or Obligation  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	Sought: House District: 00
Mo Koy Hogon	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disburs 296206.99  Disburs 2014	sement For:
Full Name of Payee Lee R Carter	Date of Public Distribution/Dissemination
Mailing Address 3110 Brentwood Rd	09 10 2014 Amount
City State Zip Code	80.00
Raleigh NC 27604	Transaction ID : def39820-7458-42ff-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	09 10 / 2014
Name of Federal Candidate Support Office	Sought: House District: 00
	President State: NC
Calendar Year-To-Date Per Election for Office Sought  Disburs 296206.99  Disburs 2014	sement For:
(a) SUBTOTAL of Itemized Independent Expenditures	192.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date  Signature	

Schedule E)	DENT EXTEND			PAGE 69 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	ort New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Lee R Carter			Date of Pub	lic Distribution/Dissemination
Mailing Address 3110 Brentwood Rd			09 Amount	10 2014
			7 1110 3111	
City	State	Zip Code		20.40
Raleigh	NC	27604		ID: 85680f4a-629d-4604-a pursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M 09	10 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		296206.99	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Sarinda S Dudley			M - M 09	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4367 Splitlog Rd				10 2011
, ,			Amount	
City	State	Zip Code		70.00
Goodman	МО	64843	Transaction Date of Disl	ID: 8dade6ca-2e7c-4274-9 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 09	10 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		86346.26	Disbursement For: 2014 Other (s	Primary
(a) SUBTOTAL of Itemized Independent Exp	enditures		• •	90.40
(b) SUBTOTAL of Unitemized Independent E	xpenditures		<b>&gt;</b>	
(c) TOTAL Independent Expenditures			<b>&gt;</b>	4 1 4
Under penalty of perjury I certify that the inc with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan	[Electron	cically Filed] Date	09 / 12	2014
Signature				

· · · · ,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on Amends repo
Full Name of Payee	Date of Public Distribution/Dissemination
Sarinda S Dudley	09 / 10 / Y Y Y Y Y Y
Mailing Address 4367 Splitlog Rd	Amount
City State	Zip Code 25.20
Goodman MO	64843 Transaction ID : 2af223cd-8a36-48d5-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 09 / 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Jacob T Craig	Date of Public Distribution/Dissemination
Mailing Address 1410 Bushville Dr	09 10 2014 Amount
City State	e Zip Code 40.00
Lenoir NC	28645 Transaction ID : 12f2ece0-da69-4e1f-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 09 / 10 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	65.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	<b>)</b>
	enditures reported herein were not made in cooperation, consultation, or concert authorized committee or agent of either, or (if the reporting entity is not a political
	[Electronically Filed] Date 09 12 2014
Signature	

PAGE

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OF

					FOR SE OF I	FORM 24/48
NAME OF COMMITTEE (In Full)				FEC II	DENTIFICATIO	N NUMBER ▼
Women Speak Out PAC				C	C00530766	
Check if 24-hour report X 48-hour report	New rep	ort Amends	report filed	on M M	/ D D /	Y   Y   Y   Y
Full Name of Payee				Date of Publi	ic Distribution/D	Dissemination
Phillip Williams				09	10	2014
Mailing Address 3007 Darden Rd				Amount		
City	State	Zip Code		L		102.50
Greensboro	NC	27407			ID: 4f98b01f-a ursement or Ob	
Purpose of Expenditure Salary		Category/ Type	001	09	10	2014
Name of Federal Candidate		Suppo	ort Office	Sought:	House D	istrict: 00
Ms. Kay Hagan		X Oppos	se	President	X Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	296206.99	Disbui 2014	rsement For: Other (sp	Primary pecify) ▶	X General
Full Name of Payee Phillip Williams  Mailing Address 3007 Darden Rd					ic Distribution/E	Dissemination Y Y Y Y 2014
City	State	Zip Code				34.50
Greensboro	NC	27407			D: d6c6aca8-c	
Purpose of Expenditure Mileage		Category/ Type	002	M M M	10	2014
Name of Federal Candidate		Suppo	ort Office	Sought:	House D	District: 00
Ms. Kay Hagan		X Oppos	se	President	X Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	7-1-7	296206.99	Disbu 2014	rsement For: Other (sp	Primary	General
(a) SUBTOTAL of Itemized Independent Expenditure	es				7	137.00
(b) SUBTOTAL of Unitemized Independent Expend	itures		······ <b>&gt;</b>	7	7	
(c) TOTAL Independent Expenditures			······ <b>&gt;</b>	7		
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized					
Ms. Emily Buchanan	[Electron	nically Filed]	Date 09	9 / 12	/ Y Y 2014	
Signature						

PAGE

OF

Schedule E)			PAGE 72 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New report Am	ends report file	d on Mam / Dab / Yayayay
Full Name of Payee Beverly Williams			Date of Public Distribution/Dissemination
Mailing Address 3007 Darden Rd			09 10 2014 Amount
City Sta	ate Zip Code		102.50
Greensboro N	•		Transaction ID : 6cb11a53-d221-4460-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type	001	09 10 / 2014
Name of Federal Candidate		Support Office	ee Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	296206.99	Disk 2014	oursement For:  Primary  General  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Adrian Dudley			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4367 Split Log Rd			Amount
City Sta			70.00
	O 64843		Transaction ID: da61dc00-0725-4233-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type	001	09 10 2014
Name of Federal Candidate		Support Office	ce Sought: House District: 00
Mr. Mark L Pryor		Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought	86346.26		oursement For: Primary General  Other (specify)   Other
(a) SUBTOTAL of Itemized Independent Expenditures			172.50
(b) SUBTOTAL of Unitemized Independent Expenditures		·····	
(c) TOTAL Independent Expenditures		······	
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	authorized committee of		
Ms. Emily Buchanan	[Electronically Filed]		09 12 2014
Signature			

Sched	dule E)				PAGE 73 OF 78 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wom	nen Speak Out PAC		C C00530766		
Check is	f 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
	Name of Payee att M Clarke				of Public Distribution/Dissemination
Mai	ling Address 1254 Fleming St Apt 6			Amou	09 10 2014 nt
City	,	State	Zip Code		80.00
	nway	AR	72032		action ID : 8e84f022-5173-4f9c-9 of Disbursement or Obligation
	pose of Expenditure lary		Category/ Type 001		09
Nan	ne of Federal Candidate		Support	Office Sough	t: House District:00
Mr.	Mark L Pryor		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought		86346.26	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
Je	Name of Payee effrey Hampton iling Address 1700 E Part Ave				of Public Distribution/Dissemination
	- 1700 ET dit7NO			Amou	nt
City Se	/ earcy	State AR	Zip Code 72149		45.00 action ID : 5ef2feab-db13-419c-9
	pose of Expenditure lary		Category/ Type 001		of Disbursement or Obligation
Nar	ne of Federal Candidate		Support	Office Sough	t: House District: 00
Mr.	. Mark L Pryor		Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought		86346.26	Disbursemen 2014 O	t For:  Primary
(a) S	SUBTOTAL of Itemized Independent Expenditures	s			125.00
(b) S	SUBTOTAL of Unitemized Independent Expenditu	ıres		. •	
(c) T	FOTAL Independent Expenditures			· [	
with,	er penalty of perjury I certify that the independer or at the request or suggestion of, any candidate committee) any political party committee or its a	te or authorized			
_	Ms. Emily Buchanan	[Electron	cically Filed] Date	9 09	12 2014
Si	ignature				

Sch	edule E)	EXI EIIDI	TOTILO				PAGE 74 OF FOR SE OF FORM 24	78 -/48
	E OF COMMITTEE (In Full)					FEC ID	ENTIFICATION NUMB	
Women Speak Out PAC							C00530766	Ħ
Chec	k if 24-hour report X 48-hour report	New repo	ort Am	ends repo	rt filed on	M = M /	D   D / Y   Y	Y
	ull Name of Payee Jeffrey Hampton				Da	ate of Public	Distribution/Dissemina  10 2014	YY
M	failing Address 1700 E Part Ave				Ar	nount		
C	Sity	State	Zip Code				3	1.74
$\perp$	Searcy	AR	72149				D: 6a38d975-85f8-4b1 rsement or Obligation	a-b
	rurpose of Expenditure  Mileage		Category/ Type	002		09	10 / 2014	
Ν	lame of Federal Candidate			Support	Office So	ught:	House District:	00
ľ	Иr. Mark L Pryor			Oppose	Pre	esident	Senate State:	AR
	Calendar Year-To-Date Per Election for Office Sought	, ,	86346.26		Disburser 2014	ment For: Other (sp	Primary X G ecify) ▶	eneral
F	ull Name of Payee				Da	ate of Public	Distribution/Dissemina	ation
	Xavier Miller					M M M	10 / 2014	
N	Mailing Address 407 randall Dr						.,	
Т					Ar	mount		
	Dity S	State	Zip Code				70.	.00
	Searcy	AR	72143		Tra Da	<b>insaction Í</b> E ate of Disbu	: 94807683-e038-4bcoursement or Obligation	e-b
	Purpose of Expenditure Salary		Category/ Type	001		09	10 / 2014	
١	lame of Federal Candidate			Support	Office Sc	ought:	House District:	00
1	Mr. Mark L Pryor		X	Oppose	Pre	esident	Senate State: _	AR
	Calendar Year-To-Date Per Election for Office Sought		86346.2	6	Disburser 2014	ment For: Other (sp		eneral
(a)	SUBTOTAL of Itemized Independent Expenditures				•	7	101.7	4
(b)	SUBTOTAL of Unitemized Independent Expenditure	es			. •		1 4 1 4	
(c)	TOTAL Independent Expenditures				. •			
wit	der penalty of perjury I certify that the independent h, or at the request or suggestion of, any candidate rty committee) any political party committee or its ago	or authorized						
	Ms. Emily Buchanan	[Electroni	cally Filed]	Date	M M M M M M M M M M M M M M M M M M M	/ 12	2014	
	Signature		_					

Schedule E)		1101.20		PAGE 75 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766		
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y P Y P Y
Full Name of Payee Xavier Miller			Date of	Public Distribution/Dissemination
Mailing Address 407 randall Dr			Amount	
	01-1-	Zin Anda		51.00
City Searcy	State AR	Zip Code 72143		51.00 ction ID : f9133c7e-4079-45b6-b Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	Date of	M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought		86346.26	Disbursement F 2014 Oth	For: Primary X General er (specify) ▶
Full Name of Payee Carol L Walters			Date of	
Mailing Address 1900 Glen West Way			Amount	
City	State	Zip Code		35.00
Fort Smith	AR	72916	Transact Date of	tion ID: 170b092d-3d9d-42a6-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	0	9 10 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		Oppose	Presiden	t Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		86346.26	Disbursement 2014 Oth	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.			· []	86.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	
(c) TOTAL Independent Expenditures			· []	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan	[Electron	cically Filed] Date		12
Signature				

### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	I EXI END	ITOTILO		PAGE 76 OF 78 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼	
Women Speak Out PAC	C	00530766			
Check if 24-hour report X 48-hour report New report Amends report filed on					
Full Name of Payee			Date of Public	Distribution/Dissemination	
Carol L Walters			M M /	10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 1900 Glen West Way			Amount		
City	State	Zip Code		6.30	
Fort Smith	AR	72916		<b>): 6285388f-3734-4817-a</b> sement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	09	10 / 2014	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
Mr. Mark L Pryor		X Oppose	President X		
Calendar Year-To-Date Per Election for Office Sought		86346.26	Disbursement For: 2014 Other (spe	Primary ⊠ General	
Full Name of Payee			Date of Public	Distribution/Dissemination	
Timothy Foley			09	10 / 2014	
Mailing Address 20679 Glenbrook Terrace			Amount		
City	State	Zip Code	<u> </u>	15.00	
Sterling	VA	20165		: 061e4db0-f39e-422a-b sement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	09	10 / 2014	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
Ms. Kay Hagan		Oppose	President X	Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought	7 7	296206.99	Disbursement For: 2014 Other (spe	Primary	
(a) SUBTOTAL of Itemized Independent Expenditure	es			21.30	
			7	4 4	
(b) SUBTOTAL of Unitemized Independent Expendit	ures		<b>•</b>	7	
(c) TOTAL Independent Expenditures			<b>)</b>	100	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized				
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 / 12	2014	
- 9					

Schedule E)				PAGE 77 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FI	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C00530766		
Check if 24-hour report X 48-hour report	New repo	oort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Caleb Craig			M 09	
Mailing Address 1410 Bushville drive			Amount	
City	State	Zip Code		110.00
Lenoir	NC	28645		tion ID: 8853005e-370e-42fb-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M OS	M / D D / Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	NC NC
Calendar Year-To-Date Per Election for Office Sought	2	296206.99	Disbursement F 2014 Othe	For: Primary X General er (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
Earl Stewart			09	
Mailing Address 9455 Snow Camp Road			Amount	
			,	
City	State	Zip Code		55.00
Snowcamp	NC	27349	Transact Date of	ion ID: 4ad75438-b665-43d9-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	0.5	9 10 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	t Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		296206.99	Disbursement F 2014 Othe	For: Primary X General er (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditure	S		· ·	165.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			· .	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		12 2014
Signature		_		

Schedule E)	PAGE 78 OF 78 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends rep	port filed on/ D D / Y Y Y Y Y
Full Name of Payee Earl Stewart	Date of Public Distribution/Dissemination
Mailing Address 9455 Snow Camp Road	09 10 2014  Amount
City State Zip Code	9.60
Snowcamp NC 27349	Transaction ID : 3b97adee-89fd-4629-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	M M / D D / Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 296206.99	Disbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure  Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support	Office Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General
	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	9.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	6519.96
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Da	te 09 12 2014
Signature	